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MEDICAL SENTINEL

JANUARY
1907

Volume XV **Number 1**

Notes

There has been an epidemic of typhoid fever at Walla Walla, owing to an impure water supply. Conditions are improving now, however.

On December 6 an interesting meeting was held of the Willamette Medical Association at Corvallis. Dr. E. A. Pierce and Dr. Ralph Matson read interesting papers.

Dr. C. H. Wheeler, the City Health Officer of Portland, puts the death rate of this city for 1906 at 8.49 per thousand population. This is the lowest death rate of any large city in the United States.

At Spokane, from the 2nd to the 5th inst., the State Board of Medical Examiners held a session, and examined eighty applicants. Three of the applicants were women, and two were Japanese, graduates of the Medical College of Tokio.

The Cowlitz County Medical Society held a meeting at Kelso on the 4th ult. Dr. Bell was re-elected president and Dr. Sims, secretary and treasurer. Dr. Campbell was elected vice-president. The next meeting will be held on the 8th inst. at Castle Rock.

The Boise Medical Society held a meeting on the 3rd ult. and elected officers as follows: President, Dr. John M. Taylor; Vice-President, Dr. W. B. Lyman; Secretary and Treasurer, Dr. Mary Calloway; member of board for three years, Dr. E. E. Maxey.

It is stated that the conditions favorable to a fire at Medical Lake

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Hospital for the Insane are needing serious attention. The building is antiquated, and the electric wiring is defective. The entire subject will have the attention of the legislature at its coming meeting.

The officers of the new Portland Academy of Medicine are as follows: President, Dr. S. E. Josephi; First Vice-President, Dr. A. J. Giesy; Second Vice-President, Dr. Otto S. Binswanger; Secretary, Dr. A. E. Mackay; Treasurer, Dr. James F. Bell. The committee on admission is composed of Drs. Richard Nunn, William Jones and K. A. J. Mackenzie.

A newspaper correspondent wants the name of the Oregon State Insane Asylum changed to the Oregon Hospital for the Insane. He claims that the name should never have been changed, as it was years ago, and that the institution is in fact a hospital in which patients are relieved of their distresses, and it should be so designated.

A personal letter from Dr. W. Abbott, of Chicago, to the editor of the Medical Sentinel, says: "The particular thing that attracts my attention in your journal of the November issue, is your editorial on 'A. M. A. for Seattle in 1909.' That is exactly what ought to be, and I want to help." That sort of talk should encourage the faint hearts at Seattle.

Governor Mead announces that in his message to the legislature of Washington he will recommend that the superintendents of the state hospitals for the insane have their salaries increased from $2500 to $4000. He insists that despite all criticisms, the Washington institutions are being conducted on a high plane and at the smallest cost.

Governor Mead of Washington has gone on record as favoring a radical improvement of the conditions at the hospitals for the insane in his state. He says that he is desirous that they should not be "madhouses where the unfortunates are kept in restraint," but "hospitals where the insane can be treated and, if possible, cured." These sentiments are meeting the approval of the press throughout the state.

According to President Randall, of the King County Medical Society, "thousands of Seattle people are enjoying, through lodge and secret society regulations, medical treatment at a cost of from 5 to 15 cents per month, when they are able to pay ordinary fees." Dr. Randall said that the physicians who treat these people are lowering themselves and placing the people they treat in a category with paupers.

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Our contemporary, the Milwaukee Medical Journal, says: "It is urged that the 1909 meeting of the A. M. A. be at Seattle. There is to be an exposition there at that time, which will also be an attraction. Seattle is a fine city and abundantly able to take care of all visitors. A second trip to the West will hurt no one and, if taken over a different route from the one taken last year, can be made very full of interest. Hurrah for Seattle in 1909."

The Central Washington Medical Association is a new organization, recently organized at Wenatchee, with the following-named officers: President, Dr. C. Gilchrist, of Wenatchee; vice-president, Dr. George W. Hoxsey, of Leavenworth; secretary, Dr. William McCoy, of Wenatchee; treasurer, Dr. F. E. Culp, of Wenatchee; censors, Drs. Mitchell of Chelan, Saunders and King of Wenatchee. The next meeting will be held on the 8th inst. at Wenatchee.

Dr. C. H. Wheeler, Portland's City Health Officer, believes that the market inspector, the city physician and the clerk of the health office are not paid large enough salaries; besides, he desires to see a meat inspector appointed. All these suggestions are in the right line. Most cities are too penurious when paying officers whose special duty it is to promote the health and well being of the inhabitants.

The Washington Physicians' Society held a meeting at North Yakima December 27th to 28th. The organization is a new one, and one rather astonishing feature of the meeting was that in a discussion on osteopathy, one member strongly urged against any legislation, under the guise of the motto "Equal rights to all before the law, and special privilege to none." The reports at hand are too meager to give an outline of the exact function of the new organization.

After all the examinations and counter examinations, reports and reports again, concerning the water in the Hawthorne spring, Portland, let us hope that the authorities will take as final the report, recently made by Dr. Ralph C. Matson, to the effect that the water is impregnated by dangerous bacilli. All the health officers in the state that could be found have made similar reports, and all agree with them except some of the old settlers, who for years and years have drank the water and are not dead yet.

The Whitman County Medical Society will meet at Colfax, Wash., on

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January 21. Following is the program: Cardiac Neuroses, by Dr. M. P. Marshall, of Pullman, Wash.; discussion opened by Dr. John Benson, of Colfax, Wash. Ingrowing Toenail, by Dr. J. A. Balsiger, of Colfax, Wash.; discussion opened by Dr. Hines, of Palouse, Wash. Post Typhoid Sepsis, by Dr. A. E. Stuht, of Colfax; discussion opened by Dr. Walter Farnham, of Palouse, Wash. An invitation is extended to all Oregon doctors to attend.

The King County Medical Society has had a sensational time over the question as to whether or not the medical board which examined Miss Mitchell and Maud Creffield were "fixed" beforehand, and were appointed with the understanding that they would declare these accused persons insane. Drs. Kenneth Turner and J. Howard Snively declare that there was no understanding of the sort; that they gave their judgment unbiassed by any considerations other than a desire to tell the truth. There has been much criticism of these doctors and the judge who appointed them, and the incident has stirred up a great deal of criticism of the current method of securing expert testimony in such cases.

Dr. Ella K. Dearborn, of Portland, has been interviewed on the question of donating her brain, to be used after her death, in the interest of science. She says that the brain lobes that the scientists have to work on are mostly those of paupers, idiots and criminals. What the scientist wants is the brain lobes of normal, well-balanced, non-criminal people, of diversified study and brain development. Such brains are needed for dissecting purposes, and the Doctor says that she has offered to sell her brain, to be used for that purpose. This idea of Dr. Dearborn may develop quite an industry in the business of brain selling.

Dr. J. H. Snively, of Seattle, one of the members of the commission who declared Esther Mitchell and Maud Creffield insane, has his innings in a letter to the newspapers. He addresses it to the King County Medical Society, as he states that, not being a member of that society, he does not suppose he would be able to get a hearing before them if he tried it. He insists that "any rational and unbiased physician in the possession of good judgment who is well informed upon the modern methods of diagnosis and differential diagnosis of mental diseases, who will acquaint himself with the evidence in possession of the commission rather than that published in the newspapers, will see that we were not only fully justified in the diagnosis rendered, but that to have brought in a verdict that the women were sane would have been actually criminal." Dr. Snively thinks he has been unduly criticised by the society.

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Editorial Notes

The Composition of Viavi.—Some months ago the Medical Sentinel quoted an analyst who had been investigating Viavi, who stated that it was composed largely of opiates. A suit was brought in Denver against the promoters of Viavi on the ground that it contained deleterious drugs. Later the case was dropped, on the ground that, after analysis, it was found not to contain opium in any form, and the Sentinel is willing to so state. What it does contain, its makers do not inform the public, and we hope that the time will come in this and all other states, when medicinal preparations will not be allowed to be sold to the public on any such pretenses as those which accompany the sale of Viavi.

Loss to the Profession.—It is a distinct loss to the profession, the amalgamation of the Therapeutic Gazette, Medicine and the Medical Age. While the Therapeutic Gazette, which takes the place of the three, will be enlarged and improved by the change, yet it looks as though writers who have heretofore spread much enlightenment among the profession, will not work as hard in that direction in the future. Perhaps there are too many medical journals in the middle states, but, however this may be, it is too bad to see Medicine and the Medical Age drop into oblivion.

State Hospital for Tuberculosis Patients.—Our venerable contemporary, the Oregonian, lends its influence against the establishment of a state hospital for patients suffering from tuberculosis of the lungs. It says that the state "has small need" for such an institution. "Patients too far gone can get no relief; others can get it in the higher and dryer altitudes." This is very true, concerning those patients who have plenty of money. They can go where they please—into southern France or Arizona or southern California—wherever ships go and railroads penetrate. But there are comparatively few people in these walks of life who are sufferers from tuberculosis. They consult a physician very early in their trouble, and receive advice which, when followed tends to check and cure the disease, so that nobody knows they ever offered asylum for the tubercle bacilli. Nobody asks for a minute that a state hospital be erected for such people. It is for the poor patients who, because of the necessity of their families, keep at work long after they should have stopped it—who ascertain what their trouble is when their money is all gone—it is for such as these that the State Board of Health and the large number of altruistic physicians of the state ask that such an institution be established. To permit these unfortunate patients to stay in their homes, and become centers of infection for their families and neighbors, is not a wise thing to do, from an economic standpoint. For what purpose can the money of the taxpayers be used to better advantage than to care for these people, and put them in a way to be able again to become wage earners, instead of spreading the contagion of their disease while waiting for the death which the Oregonian regards as inevitable?

Our contemporary adds, in its short article quoted from, the following: "Oregon is a politcal division of the United States, and not its eleemosynary institution." This is true; but

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why not say the same thing when the suggestion is made that quarters be provided for the insane? Heartless, indeed, would be the man who would suggest that the state should not erect buildings in which to care for the mentally defective, whose estate is unable to care for them. In what particular are those destitute, or practically destitute persons, suffering from the dread white plague, in a better plight? Life, and the opportunity to pursue happiness are as sweet to them as to anybody. Without state help their case is hopeless. Let us hope that our contemporary will revise its views on this interesting question, which will soon be ready for the consideration of the state legislature.

* * * * *

And yet, even while we go to press, the Oregonian sees the subject from another point of view. In another editorial it comments on the excellent work done by the Open Air Sanatorium, with private subscriptions, and adds that an "expedient of this kind should not be necessary to raise funds for the care of a most unfortunate and pitifully deserving class of people." It goes on to add that "the state of Oregon is opulent in intelligence, in sympathy and in material resources. The two first should combine at the coming session of the legislature to secure a requisition upon the last that, applied to the maintenance of the Open Air Sanatorium, will be sufficient to meet the expenses of indigent consumptives, not only of the class that seek its retreat in time to be restored by its methods to health, but for the hopeless class of patients who only wait for death. A great commonwealth occupying the front rank in Western civilization cannot afford to turn a deaf ear to this call of humanity. The story of an indigent consumptive wearing away the last months of life in the common almshouse, occupying the same room with fellow-sufferers in various stages of this dreadful malady; in constant touch with death in its visible and most pitiful form, is one whose sorrowful details can never be written. Its slow miseries, its silent wretchedness, broken only by the hollow cough that pulses the air of the living charnel-house day and night; the feeble efforts at self-help; the invalid's feverish longing for a change of diet, are some of the incidents that make up this story. It may be hoped that the attention of the legislators of the state will, at the proper time, be called to a condition which invites the repetition of this story of suffering, to the end that such relief as a generous commonwealth may give will be provided for the indigent consumptives."

Nobody can say stronger things than this, and the Medical Sentinel is gratified that, after all, our wise and broad-minded contemporary is looking at this subject from the humane point of view.

Purification of Sewage.—A valuable contribution to the literature on the disposal and purification of sewage has just been issued by the United States Geological Survey as Water-Supply and Irrigation Paper No. 185. Investigations on the purification of Boston sewage with a history of the sewage-disposal problem, by C. E. A. Winslow and E. B. Phelps. The volume of sewage discharged by modern communities is so large and the character of all kinds of sewage is always so objectionable that the so-called disposal problem becomes, from the economic as well as the sanitary point of view, one of the most serious with which American cities have to deal.

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It is of vital importance to every community to secure such a disposal of obnoxious sewage as will avoid the creation of any insanitary focus or foci in the environment, or any infringement of the laws of hygiene and sanitation.

The investigations described in this publication were made at the Sanitary Research Laboratory and Sewage Experiment Station of the Massachusetts Institute of Technology under the direction of Prof. William T. Sedgwick. The station at which the work was carried on is situated on the line of the main trunk sewer of the south Metropolitan district of Boston at a point where it contains the sewage of about half a million people. At this station pumps were installed and tanks were constructed for tests of the various methods of sewage purification. The results of this work and the practical conclusions that have been drawn are given in Water Supply Paper No. 185, which may be obtained on application to the Director of the United States Geological Survey, Washington, D. C. These results are by no means applicable merely to large cities, but contain lessons of practical value to all communities having to deal with the ever present sewage disposal problem. The description of the experiments is preceded by a careful and elaborate historical review of the whole sewage disposal problem from its origin in the wide adoption of the water-carriage system up to the present time, when that system has become practically universal. This interesting review cannot fail to be of the highest value to expert engineers, sewage commissioners, and cities all over the United States, especially to those numerous small communities that are confronted, perhaps for the first time, with a problem that means so much for the health as well as the finances of the citizens.

Blackmailing Lawsuits.—The members of the medical profession are always glad when a jury that is called upon to ascertain the guilt or innocence of a doctor for an alleged assault upon a patient, bring in a verdict of not guilty. A trial of this character has recently been had in an Idaho city, and the defendant was exonerated by the jury. A man guilty of such a crime should be punished; but, unfortunately, the cupidity of individuals is such at times as to instigate such prosecutions for blackmailing purposes. The lesson to the profession is one that should not be passed unobserved. Doubtless in this particular case, the fact that the room in which the assault was alleged to have been committed was accessible to other parties in the house at any time, had something to do with the verdict of the jury. It often happens that it is not practicable for a third person to be in a doctor's room when treating a patient, but at least there should be no doors that can be locked or fastened. It can be arranged so that there will be no intrusion from outside parties, but curtains instead of doors may often be the means of avoiding disgrace being visited on a physician by a blackmailing patient.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

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THE A. M. A. FOR 1909

Our esteemed medical contemporary, the Northwest Medicine, has been considering the question of inviting the A. M. A. to Seattle for 1909, as suggested by the Medical Sentinel, and opposes the project. It gives a few reasons, and the first is that "the idea of holding the meeting in question has not yet been broached, to our knowledge, by a single Seattle physician, nor is an invitation for the same in contemplation by the profession of this city." This would not seem to be a very weighty objection; if this were all, it might be well for the "single physician" to begin to get busy, and create a little enthusiasm among the other members of the profession.

Then our contemporary makes the erroneous statement that in 1904 "there was an understanding that, when next the Association met on this coast, it would go to Los Angeles." There was positively and absolutely no understanding of that character on the part of men who had the slightest authority. In fact, no set of men could possibly possess any such authority. Los Angeles fought Portland from start to finish. The A. M. A. came to Portland in 1905 because it had the votes in the 1904 convention, and not because there was any compromise or any understanding whatever with Los Angeles.

Our contemporary adds: "Some of the leading officials stated to certain Seattle physicians last summer that such would be the plan for the next Pacific meeting." Doubtless; that is in accordance with the Czar-like methods that have for years been adopted by the aforesaid "leading officials." These "leading officials" were for Los Angeles at the 1904 meeting; they gave it out that they were, and some faint hearts, trailing along behind the "leading officials," were in favor of our southern neighbor. But the rank and file overruled the "leading officials" and ordered the meeting to Portland. If our Seattle friends want the meeting—if they believe it would be a good thing for their city and for the Alaska-Yukon Exposition, they should not be discouraged by any statements made by the "leading officials" of the A. M. A., for their autocratic methods are in no better odor today than they were in 1904, when they were unceremoniously turned down.

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It might interest some of our readers to know how it happened that this suggestion of Seattle for the 1909 meeting came to be made in the columns of this journal. On October 25 last the editor of the Medical Sentinel was at Washington, D. C., and he received a telegram from President Chilberg of Seattle, of the Alaska-Yukon Exposition, in which appeared the following: "We earnestly desire that President Roosevelt recommend the aims and purposes of the Alaska-Yukon Pacific Exposition in his annual message to congress, in connection with his presentation of general Alaska affairs. Can you conveniently see the President in our behalf? Henry E. Reed, director of exploitation, informs me that you are a close personal friend of President Roosevelt, and if anyone can get favorable consideration for us you can."

Mr. Reed also wired Dr. Coe as follows: "If you can enlist the interest of President Roosevelt you will be doing the Exposition and Pacific Coast a great service." Some 1,500 words passed by wire between the officials of the Exposition at Seattle and the editor of the Medical Sentinel, who at once took up the matter with President Roosevelt, and also saw the Secretary of the Interior and the Secretary of State in regard to the matter. He then wired President Chilberg to this effect: "President Roosevelt authorizes me to say to your people that he will insert in his message a favorable reference to the coming on of your Exposition of 1909." This telegram also stated that the Sentinel would in its forthcoming issue advocate the coming of the A. M. A. to Seattle in 1909, and that Dr. Coe would himself give $500 towards the expenses of entertaining the Association, and doubtless the other Portland doctors would do equally well, and all would be ready to help.

The Medical Sentinel is still ready to assist in the good work. It believes that if Seattle does not get the meeting in 1909, it will be for want of going after it, notwithstanding all that the so-called "leading officials" may have determined in advance of the house of delegates, which is the real power. Nobody knows who may be "leading officials" of the A. M. A. in 1908. Certainly it is an unheard-of thing that officials who hold their offices from year to year should in 1904 bind a body possessing the supreme authority for several years in advance. For fifteen years the Medical Sentinel has been working in the interest of higher education in the State of Washington and all through the Northwest. It is intensely loyal to the Northwest, and has a warm spot in its heart for our neighbor state, and for the City of Seattle, and it regrets that today it is the only considerable voice calling for the supreme compliment that can be paid it by the physicians of the nation—a compliment that will be especially opportune in the year 1909.

LAWS THAT ARE NEEDED

Will the measures that are much desired by medical men in this and neighboring states be enacted by the various legislatures during

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this winter? The laws need revising, under which quackery is rampant over the land. There is much legislation needed in connection with state, county and city boards of health, making it easier to promote the public welfare, and harder for one man to lend himself to practices that endanger his neighbor. The health of the communities on the Pacific slope demand the establishment, under the protection and patronage of the state, of sanatoria for the treatment of indigent people suffering from tuberculosis of the lungs. There are many other subjects to be dealt with, but foremost among them all is a means of suppressing the advertising quack—the sure-thing "doctor," who promises to return the patient's money if a cure is not effected. This class of individuals is hard to deal with. The members of the great public who never go near their places are not interested. They say that the "fool and his money are soon parted," and if people choose to expend their money in this way, whose affair is it? The physicians, who get visits from the victims after the quacks have done with them, alone know how important it is, as a preventive measure, that there should be more stringent means adopted to lessen the evil that exists in this regard.

Perhaps in some localities the profession is drifting away from the good old days when the degree of Doctor of Medicine was supposed also to confer a patent of gentility. It is claimed that this is the case in the south. The condition of affairs there is reported by some observers as being deplorable in the lack of influence the profession has with legislators. A struggle for personal aggrandisement and individual advantage is reported from the south that is sadly out of keeping with the ethical ideal which the medical student has had placed before him. On the South Atlantic Coast, it is claimed, the butcher, grocer, dressmaker, are paid first, and if anything is left the doctor gets a part of his bill. In some northern states, where the profession has possessed more solidarity, laws have been passed which place the doctor on a plane ahead of the trades people, in that exemptions which the debtor can declare against the grocer, when sued for debt, he cannot declare against the doctor. The theory is that the medical man is powerless to discriminate in the matter of giving credit when called in an emergency for assistance, and consequently he has not the same protection the grocer has, who can give or withhold credit, as he desires.

The average doctor, wherever located, finds it to his advantage not to engage in politics. But there is so much in which he is interested that has to do with public affairs that he cannot afford to permit all political measures to go by the board. If he does, laws that are sadly at variance with public health interests become enacted, and the measures of which he sees the necessity, because of the peculiar opportunities he has to observe them, fail to get upon the statute book. Organization of the physicians is essential to an adequate influence being exerted by them on public affairs. While organization is essential to a proper study of scientific matters, yet of equal importance is a department of the organization that will look after the pro-

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motion of laws which tend to preserve and promote the public health. This is a branch of the work of medical societies that cannot be allowed to lapse.

THE EXPERT TESTIMONY MUDDLE

The method in vogue in most courts of calling expert medical men is no credit to the legal or the medical fraternity. Whether the proposition is one that the defendant was insane when he committed the alleged crime; or that the plaintiff seeking to recover from a rich corporation is a malingerer and a hypocrite; whether the man died from poison administered by the defendant or from natural causes, there can, it is sad to say, generally be found so-called experts who will swear whichever way they are paid to swear. Such witnesses are never prominent members of the profession. But whenever such testimony is given, which is influenced by the dollars received from one side or the other, a reflection of a discreditable character is cast upon the entire profession to which such witnesses belong. The comments of the newspapers—their jokes in their funny columns—regarding the matter do not merely reflect on the individual physicians who permit themselves to be placed in an equivocal position, but on all other physicians in the community. Physicians are human, but not more than one in a hundred will be influenced in his testimony a hair's breadth by the fact that he receives fees for his services from one side or the other. But the one in a hundred—assuming that that is a proper proportion—is willing to be influenced, and the lawyer who approaches him outlines in every particular the sort of questions he will ask, on direct examination, and indicates the sort of answers he desires in return.

Cases might be multiplied like the following: A physician treated a man who was charged with crime. The defending lawyer approached the physician (or his associate), and indicated the sort of testimony he needed in the trial of the case. The physician said that such testimony would not be true. The lawyer intimated that that was the testimony he needed, and unless that testimony could be given, the fees for the former treatment due the physician by the man charged with crime could not and would not be paid. The physician said that that made no difference to him—such testimony he would not give. The trial came off, and the defendant went to the penitentiary. It is gratifying to believe that few attorneys can be found who are so zealous for their client's interests; it is gratifying to believe that very few physicians would have failed to do exactly as the physician in question did.

What is the remedy for this state of affairs? The good suggestion has been made that all expert testimony in criminal cases, at least, should be furnished by the state, on the invitation of the court, and their fees paid by the state. That would be a step in the right direction. But how about expert witnesses in civil cases, where suits

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for damages are started? The defendant corporation who is sued for large damages for personal injury, is surely entitled under ordinary rules of justice to call its physicians who were, perhaps, on the ground at the time of the accident, and have them testify as experts. Then, again, the plaintiff who had a physician to attend him after the accident, is entitled to call his physician to tell what his condition was immediately after the occurrence, and along to the time of the trial.

Those who believe that the way is easy, to free the courts from the present maze of testimony, often contradictory, prejudicial and incorrect, are very much mistaken. It is by no means easy. Our neighbors in King County, Washington, are struggling with the question most strenuously. Charges have been made, involving a judge of the circuit court and two physicians, whose testimony tended to railroad out of the state two prisoners charged with murder. There is a sting in the charges which hurts the profession to which the witnesses belong, as well as the legal profession of which Judge Frater had formerly been an honored member.

GOOD NEWS AFTER THE STORM

The many friends of Dr. Henry Waldo Coe, the editor of the Medical Sentinel, were intensely worried on the 5th and 6th of this month, at the reports of the finding on the beach in Santa Cruz County California, of the life rafts and life boats of the steamer City of Panama, on which the Doctor and Mrs. Coe left San Francisco on their way to Panama. While every body was hoping for the best the news came on the evening of the 6th that the steamer had arrived safely at Manzatlan, Mexico, after a nice voyage, after one day of a bad storm. The Doctor and Mrs. Coe will return home with the realization more than ever that they have a very wide circle of friends who wished them a safe voyage out and home again.

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A CERTAIN REMEDY FOR SOCIAL VICE

By J. L. HILL, M. D.
Albany, Or.

This seems an era of suggested remedial measures for social defects of the human family. The defects are very numerous and becoming daily more virulent, consequently the many and varied remedies are opportune. Many of these ills will never be entirely requited, but as the constant dripping of water will eventually wear away a stone, just that certain ceaseless suggestions for relief will in time bring a better state of our social systems.

To prevent the necessity of so much divorcing, Mrs. Herbert Parsons, nee Clews, advocates probationary marriage, and the millionaire daughter of Spreckles indorses the sentiment enunciated.

While first thought on the subject may be shocking, a closer analysis presents many reasons in its favor. No one knows better, if as well, the reason for so many domestic disagreements as the practicing physician. And no honest physician can deny that the vast majority of such disagreements have for the original exciting cause sexual infelicity, though the contestants in domestic trouble may not be aware of the foundation of their inharmony. I will pass this part of the subject and remedy by, at this time, with the simple statement that it deserves close and unprejudiced thought, and that if applied, as suggested by Mrs. Parsons, the vexed question of divorce, and the degrading fact of so much clashing where perfect peace should abound would be seldom heard of.

A remedy suggested recently by the Democrat, of Albany, is to have schools where lectures are given to prospective candidates for matrimony, by men and women who know the true theory of married life, and compulsory attendance should be required. From the viewpoint that I have suggested as the cause of those differences the greatest teachers in the world would be polygamists. That would put a new phase on the propriety of questioning Reed Smoot of being the hero of the day in reformation, and he should be salaried by the government in the lecture field, instead of persecuted in the halls of congress. The remedy of the Democrat has some merit, but would fall short of its intent.

The class that I most desired to suggest a remedy for their evils is the criminal, idiotic, insane and drunken. The present laws for the control of those mentioned are not only ineffective, but positively promote degeneracy of human morals. A vicious criminal is convicted of his crime and sent to the penitentiary, where he lives in comparative idleness, is comfortably clothed, more sumptuously fed than thousands of honest people throughout the country can afford for themselves and families. Their associates are criminals like themselves, and their conversation is crime. After having served a term, and rested up from their forays, they are discharged, with the stigma of

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having served time. When turned loose they well understand the disgrace that attaches to their life, and from that cause and the fact of being a criminal by nature or training they lose all self-respect. When self-respect is gone manly pride goes with it, and animal or brute instinct asserts itself. The greatest instinct of humanity is the desire to live, and the next greatest is that of procreation. Humanity is as lecherous, by nature, as the untutored animal, and the only reason the former controls the venereal passion is through education and intelligence. When that education and intelligence is debased by the shame of incarceration flaunted before the world, the goadings of conscience plunge the victim into defilements of uncontrolled pollutions. The man has then degenerated into the animal, with all the animal passions fired into unbridled activity. He seeks to satiate that passion and the result is illegitimate, or legitimate, offspring with inherited tendency to follow the footsteps of the parent. While the father or mother are in the penitentiary their crimes cease, because of lack of opportunity, but as soon as they are released crime is magnified.

I believe the only just, humane and equitable remedy for such criminals is emasculation. When any one is sent to the penitentiary, where disgrace, as lasting as life, is inevitable, no difference what the crime for which he or she was sent happens to be, with the verdict of incarceration should go that of emasculation. If that should become the law of this state, from the day of its enactment crime would decrease tenfold, because of that desire of procreation being the next instinct to the instinct to prolong life. This would be the way to stop crime and the surest way to stop bringing criminals by inheritance into the world.

For the improvement of the human family there is another class that should have the same remedy applied, not that they are criminals, but that they are a menace to society and have passions for lust that should be controlled by extinction for the good of all humanity. That is the idiotic and mentally weak class. No idiot or fool should be the means of propagating its kind, and the way to check the consummation of their brutal instinct is to destroy the power of its activity. The same law could well apply to the hopelessly insane, or to all persons who have a history of inherited insanity and become dethroned of their reason. Such persons are objects of the most profound pity, and it would be a merciful act to themselves and to the public, and more still to their possible offspring, if they were dealt with in humane kindness by depriving them of both the means and disposition of bringing into the world their defective kind.

Those mentioned do not complete the list of moral or mental degenerates who should come under the anesthetic for the surgeon's knife. Another class who are inexcusable for their degradation, and are an equal menace to the well-being of the land, is the inebriate. Spasmodically the question of prohibition of intoxicants is agitated and then dies of its own inefficiency. From the time that Christ turned water into wine, alcoholics have been imbibed, and will continue to be till the resurrection morn. If the delusion of prohibition

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were abandoned and the drunkard made individually responsible for his mental frailty, by the same rule I have suggested for the eradication of other human weaknesses, the question of excessive drinking would be solved speedily; idiocy, lunacy, murder and theft would be materially diminished, and locks and keys to houses would be useless ornaments.

Well-studied selection, physically and mentally, in marriage, would be a boon to the human family. We go to fairs to see fine stock. The owner is proud of his well-bred herd of cattle, horses, sheep, swine and even down to poultry. Each different breed has special marks or features that designate the class to which it belongs. Any one who knows a cow from a horse, or a sheep from a hog can tell a Jersey from a Holstein, a race horse from a Percheron draft, or a Poland China from a Chester White hog. Distinguishing features belong to every special breed, because of care in selection, to bring about the highest class of perfection and unvarying resemblance.

The question that next arises is, who is the breeder of this perfect specimen of the dumb brute? It is perhaps he who conducts the admirer of perfect symmetry to his stock yard and at the same time beckons his half-witted, deformed, goggled-eyed son, who was conceived during a drunken orgie of his father, or the fiendish hallucinations of his mother, to remain in the background, because his father, who is proud of his bull calf, is equally ashamed of his own son, who is the flesh and blood of Bacchanalian dissipation. The criminally guilty mother of a simple, grinning, nondescript daughter—the result of requited pleasure of the mother's mental spoliation—cannot easily quell her silly child from outbursts of foolishness while the mother descants on the good qualities of a coop of hens, or the excellence of a favorite cow. If a well-bred calf should die the loss would seem almost irreparable. If the ill-bred daughter should die the gain would be almost incomprehensible.

Why are sensible law-makers so insensible to the most potent necessity of their own race? I presume it is fear of unfavorable criticism from the social imbeciles, a very strong and popular factor in most all communities. Legislatures make large appropriations for good-bred stock shows, to be attended by scrub-bred people. Wise men write books about symmetrical and fleet-footed horses, while other wise men write books about unsymmetrical and club-footed children. Good breeding makes the former and bad breeding the latter. If by legislative act we could apply the same rule to the preservation of the best for the advancement of humanity that is applied by the exercise of good sense to the selection and preservation of the best for the advancement of domestic animals, and apply the same remedy for the eradication and extermination of the inferior in humanity that is applied by the breeder of good stock for the extinction of the inferior of his herd, people could be bred with brains and agility as definitely as horses are bred with docility and speed.

A kicking cow is led to the shambles; a vicious woman is led to the hymeneal altar. The community is benefited by the termination of the cow and injured by the continuation of the woman.

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TREATMENT OF COMPOUND FRACTURES

By C. P. THOMAS, M. D,
Surgeon to St. Luke's Hospital, Spokane, Wash.

Read before the Idaho State Medical Society at Lewiston, October 4, 1906

A compound fracture is one in which the bone at the place of fracture communicates with the outer surface of the skin through a laceration of the soft parts, which have occurred from within or from without, and may be single or multiple. A compound fracture may occur to any bone, is always of great importance, and may be very serious.

The character of the first aid in such fractures must depend upon the place in which they are first seen. If it is on the street or in a factory or the country, little should be attempted at first. If there is hemorrhage, control it by pressure with an aseptic pad made of gauze or clean towel, and bandage, or if more extensive, a tourniquet, (which may with safety be left on for two and a half hours) should be applied until the patient can be moved to a clean surgery or some place where the necessary things for cleaning up are to be had.

The clothing worn by the patient is most certainly septic and should be removed at once from contact with the wound. It is better to make no attempt to wash the parts until the patient has been taken to his home or hospital, since dirty washing, with unclean hands, septic water and surroundings, makes infection most certain. The limb may then be put up with temporary board splints, placed on a pillow, or better still in a Gunn's blanket splint, and patient removed.

It is well to remember in this connection Cryle's experiments which showed that a tourniquet, on tightly enough to control arterial hemorrhage, can not with safety to the limb, be left on more than two and a half hours. All probing and manipulating of the wound during this first dressing must be avoided, and the most comfortable position for the limb is usually that which most nearly approaches its correct one.

Rough handling of the limb and patient must be avoided and the recumbent position maintained as much as possible. Amputation of the limb is advisable only when the arterial blood supply has been lost. Close observing of this rule will often save a surgeon much embarrassment and spoil the oft-told story of how the surgeon wanted to amputate but the patient refused, and now has a good limb.

When the patient's condition will permit, venous, nerve and muscle suture should be at least tried. When the fracture is of a large bone, administer an anesthetic; then, after removing all clothing and temporary dressings, gently replace the protruding bone by manipulation

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of the limb away from the seat of fracture, being careful to avoid touching or handling the wound.

After thorough surgical hand-washing of self and assistants, and the temporary dressings have been removed by an assistant, place a piece of sterile gauze over the wound to exclude the moisture, and have it held there snugly; now proceed to clean the parts near the wound with soap and water, turpentine and bichloride or Harrington's solution, as for any major surgical procedure. Turpentine is especially valuable when the wound has grease ground into it. Then remove the gauze and apply Harrington's solution, iodine or carbolic acid followed by alcohol, to the open wound. These antiseptics not only destroy microorganisms, but tend to close up the open lymphatics, thus preventing further absorption.

After this, we are ready to begin the adjustment of the fragments, making sure that there are no foreign bodies in the wound, nor intervening soft parts between the fragments. When small pieces of bone are present, which are detached from the soft parts, they should be removed. If such removal separates the main fragments to any considerable extent, the splintered ends must be sawed off to permit coaptation of at least two-thirds of the diameter of the ends of the bones.

The method of holding the bones in apposition will depend upon what bone is fractured, and what the tendency is to displacement. When the bone is small, I prefer chromic catgut, or the aluminum bronze wire; if larger, the silver plate with screws, a sample of which I show you.

The soft parts may now be trimmed and sutured, drainage being provided for by inserting a split rubber tube, a small wick or roll of oiled silk into the deepest recesses of the wound.

If the parts have been badly lacerated and the patient is much shocked, it is better to spend but little time in nerve and tendon suture, leaving that for future plastic work when the wound is healed.

Tetanus from soil infection is rare in this part of the country, but thorough drainage is always indicated, and, when done right it is unusual to have much infection, since the germs are not allowed to multiply in the lymph and blood serum in numbers sufficient to be very toxic.

The drainage should be removed as soon as the discharge has nearly ceased and previous to this period the dressings should be changed often enough to keep the parts dry. When the infection is severe the dressings should be moist and changed every three hours. Immobilization, which is of utmost importance in the treatment of all fractures, is not so easy in compound as in simple ones, more ingenuity being required to maintain it with a splint that can be removed for daily wound treatment and inspection. It is difficult to describe or name a splint that will suit all cases, each, as it were, being a law unto itself.

There are numerous good splints on the market made of tin, felt, wood, fibre, etc., but I think for all around use the long lateral pos-

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terior and anterior plaster paris dressing is the best. The old advice first given, I think, by Bryant of London, viz: to immobilize the two adjacent joints in all fractures, is still good. At least one good splint should be applied to the limb opposite the skin wound, which should be well bound to the limb above and below the wound, with separate bandages. These should not be removed when dressing the wound, thus preventing bone displacement. This splint may be of plaster or any good fitting material. Extension is always indicated in thigh fractures to prevent shortening.

When a large joint is involved in a compound fracture and the synovia are injured, it is better to remove all the synovia and treat as described elsewhere, expecting ankylosis in such cases. The limb should be placed in that position which would be of the greatest value to the patient.

Some such joints may later be improved by subsequent transplantation of the sheath or aponeurosis of some nearby muscle, after the method advised and practiced by America's greatest surgeon, Dr. J. B. Murphy. Where inflammatory ankylosis of adjacent joints occurs they should be broken up as soon as the bony union is good. This sometimes requires an anesthetic. Ankylosis from immobilization without marked inflammation need give us no concern.

While I would reiterate what I said in the beginning that compound fractures are most dangerous, I am of the opinion and wish to so go on record, that under strict surgical cleanliness many simple fractures should be converted by the surgeon into compound ones, and so treated, because of the impossibility of coapting fragments in certain fractures without seeing them, and using some device for the purpose, other than external splints.

Among these I would mention, first, that of the patella; here, suture with Kangaroo tendon or heavy chromic gut is satisfactory if done early, and aluminum bronze if later; second, fractures of the lower part of the lower third of the femur. This well known fracture, which is impossible of perfect reduction because of the gastrocnemius muscle flexing the lower fragment, thus drawing it away from the upper can be successfully treated by plating on its extreme lateral surface; third, fracture of the outer third of the clavicle; here wire is easily applied, preventing the common deformity so often seen.

I am very glad of the opportunity of addressing this Society on this subject, because of its legal liabilities, and the great amount of surgical technique and ingenuity which is required to do it well, and I wish to take this opportunity of thanking your secretary for the invitation to do so.

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EARLY DIAGNOSIS AND TREATMENT OF POTTS' DISEASE IN CHILDREN

By E. J. LABBE, M. D.
Portland, Or.

Read before the City and County Medical Society, November 21, 1906

It is with no intention of offering anything original on this important subject that I have chosen it for my paper tonight, but rather to bring together once more for your consideration some old and well established facts that they may be refreshed in our minds and thus aid in extending help to some little unfortunate at a moment when time counts for so much. For though we have all been familiar with the classical symptoms of Potts' disease for many years, still the many cases of marked deformity which one sees in every community simply emphasises the fact that there have been some, and I am sorry to say, not a few of these cases which were sadly neglected in the early stages. And if we are to do anything in the way of permanent benefit for the tubercular spine it is in the earliest stage. Do not look for your plaster jacket or apparatus to correct the deformity to any extent. If we can hold it where it is we can congratulate ourselves on a most excellent result. How important, then, to recognize the disease in its incipiency, when there is little or no deformity.

Let us turn for a moment to the consideration of the pathology of this condition. As you know, it is a tubercular bone disease, affecting primarily the bodies of the vertebra, the cancellous tissues of the bone. This softens, undergoes granular changes, becomes caseous, breaks down usually in front from the pressure of the superincumbent weight, thus throwing the spinous processes upward and backward, and thus producing the characteristic hump. The process usually begins in one or two vertebrae, primarily accounting for the angular character of the deformity, the bone lesion being accompanied with more or less infiltration of and inflammation of the surrounding muscular tissue. As the disease proceeds there is the formation of pus, the extension to the meninges of the cord, and the letting down of the vertebrae upon the nerve trunks, resulting in the pressure pains and paralysis.

Bearing these few points in mind, let us turn to the symptoms. They are just what we would expect to find as a result of the inflammation, the destruction of tissue, the formation of pus. Take a developing case in a child, probably the first symptom noted by the parents is that the child does not play with the other children, or if very young refuses to walk; or if it has walked now has no inclination to do so any more; or if it walks, does so in a peculiar manner, in that

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the back is held more or less rigid. He walks as if he were afraid of jarring, and is very apt to grasp objects for his support. In picking an object up off the floor he does not bend the back, but rather squats and in rising assists himself with his hand upon his knee. Place such a child upon a table, face downward, and, grasping the ankles, extend the spine and the points of rigidity can usually easily be differentiated. This is due to the muscular rigidity about the seat of disease, and the spasm of the lumbar muscles can often be easily felt.

Pain, though an early symptom, is often misleading, as it is more apt to be remote, due to the pressure being referred to some distant point as in cervical disease in the arms over the distribution of the brachial plexus, in the dorsal over the intercostal region or the abdominal region, and in the lumbar spine over the distribution of the lumbar plexus, the lower abdomen or the upper front and inner portion of the thighs, and is often accompanied by muscular cramps of the psoas muscle. A persistent pain in the abdomen without apparent local cause is very suspicious of Potts' disease.

With reference to the deformity, the normal curvatures of the spine are the results of posture and the superincumbent weight. Increase the weight or decrease the support and we have an exaggeration of these curves. In the case of Potts disease we have a loss of support and so an increase in the curvature in the cervical region and increased anterior convexity in the dorsal posterior and in the lumbar anterior again. The deformity at first being confined to one or two vertebrae is more acute than at the later stages when we find it more extended.

Treatment.—This consists of two distinct parts, the general health of the child to aid if possible the combating of the disease, and the local treatment, which is mechanical, to relieve the symptoms. The first is all important and too often overlooked in our anxiety to relieve the local manifestations. This should consist of the general tonic treatment which is in order in all tubercular processes, plenty of good wholesome food, fresh air and sunshine, and these they do not get in a general hospital or in the usual home treatment. That is the principle reason I have tonight in recommending the use of the frame in the treatment of beginning Potts in young children. You all have, no doubt, used the plaster jacket and the various braces in the treatment of Potts disease, and are familiar with the various advantages and disadvantages of each. There is no doubt that they have their place, particularly in those cases where the acute symptoms have subsided and the child is able to be up and about. What I wish especially to call your attention to this evening is the Bradford frame in the treatment of the early cases. This frame is made of gas pipe or tubing and is just a little longer than the child and a little broader than its body. Upon this is stretched a canvas vest by lacing it behind. This can be made in three pieces and covered with rubber if the child still wears diapers, or a central piece can be cut out for the use of the bed pan. The deformity can be protected by pads suit-

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ably arranged and fenestra made for the treatment of abcess, etc. The child is dressed in his underclothes and the outer garments are thrown about the whole frame, or bags are made for his protection. Once a day the child is taken out of the frame by turning him face downward on a bed and the clothing removed and the back bathed and treated. The patient is bound to the frame by a binder across the chest and abdomen. If the deformity is low down, the leg may be bound in the same way, or if high in dorsal region the shoulders held back by straps. If in the cervical region the jury mast may be applied to the frame at the top, or if there is psoas contraction, extension may be applied at the lower extremity. As the patient can stand it, the frame may be bent to overcome deformities in the lumbar or dorsal region. It is surprising to see how quickly children accommodate themselves to these frames and how quickly the pressure symptoms and deformity are relieved. Its advantages over confinement in bed are obvious, as the patient has every advantage a well patient should have, as they may be taken out in a carriage and have the advantages of fresh air and sunshine. The only disadvantages is lack of exercise, which can be made up somewhat by massage.

One word before closing in reference to the treatment of the abcess. In my opinion the best results are obtained by letting it alone until such time as pressure symptoms arise. Then it should be opened at the lowest point and allowing free drainage and kept clean. I have never seen any marked results from any of the various kinds of infrictions or irrigations, and think if we succeed in building up the general health the abcess cavity is apt to take care of itself.

The Protection of the Innocent.

E. L. Keyes, Jr., New York City (Journal A. M. A., December 8), believes that while the physician can start the movement for the education that is needed by the public in the campaign against sexual vice, and can furnish material and arouse enthusiasm, the really ideal instructor, so far as his experience and observation go, for men is the Y. M. C. A. physical director. He is half medical man, half teacher, and is vitally interested in the problems involved. He has found also that such men are much more practical in their ideas as to how this education is to be handled than are most physcians. They view the subject from a pedigogic rather than a medical standpoint, and are already equipped with a large fund of practical educational experience. To such men, he thinks, we should confide the actual working out of these educational problems among men; and to similar women teachers among women if the mother is not available. There is, however, one side of the subject that physicians alone can attack. We can give full warning to venereal patients of the danger they are to others; no venereal patient should pass out of our doors without a full knowledge of the infectiousness of his disease; this should be a matter of conscience and professional duty with every one of us. If one can do more, so much the better, but if every medical practitioner would do this much, he thinks, more would be thereby accomplished than by any other single effort toward the protecting of the innocent.

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Medical Societies

Portland City and County Medical Society.

The Portland City and County Medical Society met in the Auditorium of the Chamber of Commerce Building, November 21, 1906, and was called to order by the President Dr. R. C. Yenney.

The minutes of the previous meeting were read and approved. The following members were present: Buck, Chipman, Campbell, Ellis, Hicks Fenton, Gilbert, Grant, Hamilton, Holden, House, Hubbard, Johnson, A. H., Labbe, Marsh, Marcellus, Manion, McCusker, Nunn, Herbert Nichols, Pierce, Pettit, Ransom, Roth, Robbins, Smith, A. W. Start, Sternberg, Tilzer, Tucker, Van Alstine, Whiteside and Yenney. Visitors: Gold, Jones, Bertha Patton.

Proposals for membership: Lloyd Irvine, graduate of the University of Oregon, April 17, 1905. Recommended by Robt. C. Yenney and Alan Welch Smith.

Election of members: A. W. Botkin was elected to membership; yes, 20; no, 0; blank, 1.

The paper of the evening, "Early Diagnosis and Treatment of Potts Disease in Children," was read by E. J. Labbe, and is published elsewhere in this issue of the Medical Sentinel.

Discussion.

Dr. Herbert Nichols was asked by the President to open the discussion. He said his experience with the disease had not been very successful. It was usually very hard to diagnose, and usually the body of vertebrae is seriously affected before we are even called upon to see the patient. He thinks the frame very superior to cast, and spoke of a case that he had gotten good results in an adult woman, in which a celluloid cast was used. His method has usually been to open up and remove necrosed bone.

Dr. E. F. Tucker said that he had had some little experience in handling such cases, and called attention to the importance of early diagnosis, progressive emaciation and anemia, as well as to a very important symptom, that of screaming out at night. He does not think the ideal method for treatment of such cases has been developed as yet.

Dr. Geo. S. Whiteside said that he had treated cases under Dr. Bradford at Boston. The frame is his method for treatment, especially in small children; but stated that he never saw one with a curve to the neck like the one Dr. Labbe exhibited. He thinks the plaster cast best used in older children. He has often seen Iodoform ointment used for injection in such cases, but never saw one cured.

Dr. Hicks Fenton said that about four years ago a 2½-year-old child was operated upon for cleft palate and hair lip. Soon after child complained of a stiff hip and was unable to walk; after about one year it cleared up. He thinks this tubercular and would be glad to have others express themselves in reference to this case.

Dr. Ellis thinks that Dr. Labbe didn't bring out the full value of the plaster cast. Said the slipping down spoken of could be benefitted by shoulder straps, which can be applied with good effect, especially after all acute symptoms subsided.

Dr. Labbe, in closing the discussion, said he was specially glad that Dr. Tucker had brought out some very practical points that he had overlooked, especially that of having the child scream out in the night. He

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thought the case of Dr. Fenton was due to metastasis.

Miscellaneous.

The secretary read a letter from Dr. S. E. Josephi, Dean of the Oregon University, in which he expresses thanks of the students as well as himself for the invitation extended by this Society to have them attend the meetings of this Society.

Moved and seconded that Society adjourn. Carried.

ALAN WELCH SMITH,
Secretary.

The City and County Medical Society met in the Auditorium of the Chamber of Commerce building December 5, 1906, and was called to order by the Vice-President, Dr. L. H. Hamilton.

Minutes of the previous meeting were read and approved. Members present: Drs. Briggs, Buck, Cardwell, Cole, Campbell, Dearborn, Dammasch, Hamilton, House, Hill, Humphreys, Jefferson, Johnson, King, Labbe, Marsh, Marcellus, McCusker, Clarence Nichols, Patton, Roth, Rand, A. W. Smith, Tilzer, White, Whiteside. Visitors: Drs. Ellis, Jones and Hyde.

Dr. Lloyd Irvine, 241½ First street, was elected to membership.

The paper of the evening was read by Dr. Geo. S. Whiteside, viz: "Experimental Observation on Circulation of the Kidney."

The author of this paper piloted us through as yet unexplored fields of surgery, or of which such a little is known, that even the experimental stage is of only a short duration. This article was one of great interest to all interested in modern research, and while the author presents his work to this Society to date, as the result of his findings, yet it is only begun, and who can tell but in the future such an operation as now seems to us as impossible may be one of practical value to the human race? This work is being done upon rabbits, whereby the effort is being to render as practical, the removal of a diseased kidney, substituting a healthy kidney obtained from some of the lower animals. This seems radical in the extreme, yet the author has placed his work before us for inspection, at the same time directing our attention to work along these lines by others. The kidney receives its circulation from the renal artery. This anastomosis with the supra renal, which is sometimes a branch of the aorta, and sometimes a branch of the renal. It also anastomosis with the upper lumbar, and lower intercostal arteries, the veins following the same course. The work is being done along the line of cutting of the circulation by ligation of the renal vessels, allowing the kidney to atrophy, and pass off into the general circulation, which seems able to be done without any great danger.

Several questions are, however, very important as regards kidney surgery, viz: After the ligation of the renal artery, will the kidney tissue live through the influence of collateral circulation? Dr. M. Jugano writes, in July, 1906, and shows by experiment that after ligation the kidney retains only a small part of its function, and which is too small for practical use. Therefore, after wounds of the renal artery, nephrectomy should always be done. In the same way he takes up the ligation of the renal vein; here he shows that after ligation of the renal vein, the kidney first enlarges from blood engorgements, then goes on to necrosis and atrophy, its function is almost entirely destroyed, and it is no longer useful, therefore should be removed. Hubbard in a recent issue of the Boston Medical and Surgical Journal, recites a successf-

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case of arterial anastomosis; this, however, is not original, but has been done successfully by several surgeons upon men as well as animals. In a paper by Zaaiger, published in 1905 the results are given of a series of experiments done to ascertain the functional value of the capsule, formed after the decapsulation of the kidney. He states that such a new capsule insures better circulation for the kidney than is the case with the normal organ. Following out his idea, the author has attempted to determine whether new blood vessels growing into the kidney from the periphery after decapsulation would be sufficient to nourish and to prevent necrosis, and atrophy after ligature of the renal vein and artery. Upon experimenting upon five rabbits, finds that this is not the case. The kidney dies from lack of blood supply, and passes through exactly the same stage of degeneration and absorption that are described in the two papers above referred to by Dr. Jugano. Carrel & Guthrie, of Chicago, published in the Journal of A. M. A., Nov. 17, 1906, a method of arterial and venous anastomosis in describing what they call the patching method. It consists in the removal from the aorta of a patch in the center of which is the renal artery. They claim to have transplanted a kidney in a cat by this method. Dr. Whiteside says that he is very skeptical about this method, because he has tried to complete this performance, and has conclusively demonstrated to his own satisfaction that in his hands at any rate and on so small an animal as a cat or a large rabbit, that the blood vessels are so small that he does not think the operation a possible one. During this method of operation upon a large rabbit, the animal ceased breathing and died within a few seconds after shutting off the circulation in the vena cava. In two other animals upon whom he tried to operate, he found the tissues of the walls of the vena cava and aorta so thin that the finest silk thread was too coarse to suture them. Finding this method impracticable and that the kidney cannot be nourished by collateral circulation, he planned to make a sort of partial transplantation by resecting one-half or more of the kidney and replacing the excised portion with a similar portion from another kidney from another animal. Several kidneys were shown as a result of such experiment, but as yet not enough work having been done in this line to draw any definite conclusion.

Discussion.

Dr. Holden was requested to open the discussion. He said he was much interested in this work, and was pleased to know there was some one in Portland who was doing such. But he did not think the day has come as yet when we can remove a diseased kidney and replace it with a healthy one. He says he approves of the transverse incision of the kidney, rather than longitudinal.

Dr. Labbe said he thinks the transplantation of the kidney, as well as the artery, all right, but called especial attention to the fact that he considers the nerve supply as the source of greatest danger, otherwise it would be a healthy organ, but without any special function. He says he much prefers the longitudinal incision of the kidney, because it gives more room for work.

Dr. Campbell said he does not think the cut ends of the uriniferous tabules can be successfully brought into direct apposition, and still have a useful organ. He thinks Dr. Labbe right in reference to the nerve supply, and that he would be pleased to have something said about the forma-

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tion of connective tissue within the kidney.

Dr. Tilzer said it was hard to credit the articles written by Guthrie & Carrel, and reported in the Journal of the A. M. A. He recited a case where he had assisted the author in operating upon a dog, but the dog died within twenty-four hours of secondary hemorrhage. Said he was glad to see such work being done here, and thought it should be encouraged.

Dr. Whiteside, in closing the discussion, said that the work he was doing was given up to date to excite discussion, and that he had hoped it would have brought out more opinions upon the subject, which would be beneficial in the furtherance of his research.

Motion to adjourn; carried.

ALLEN WELCH SMITH,
Secretary.

King County Medical Society.

At the meeting of the King County Medical Society, at Seattle, on December 17th, President Geo. H. Randell delivered an interesting address as follows:

Having reached the end of another year, we first glance backward to see what has been accomplished, and then forward for the promise of the future.

The year has been a busy one—at times strenuous. Of course our time and attention has been given mainly to the consideration of scientific papers and discussions, and to clinical cases. Many papers of a high class have been presented by our members and by gentlemen from other bodies who have kindly consented to address us.

Among the many business subjects considered I would briefly notice the following:

First—Prosecution of quacks. That brand of human vultures who fatten at the expense of the credulous, ignorant and diseased, without one thought of the welfare of their victims. Along this line we have worked hard and accomplished little. The fundamental difficulty seems to be that the public has been led to believe the quacks are a part of the medical profession, and that we oppose them from selfish motives. The public is, therefore, against u s, or at best only lukewarm in our favor. When it is generally known that they are in no true sense part of us, and that it is probable they increase rather than lessen the amount of fees we receive—as they cause more disease and injury than they cure—the public will be with us, and quacks will retire—or change their tactics. The indifference of the public to their own best interests has been very discouraging, but evidences of a change are at hand. The public are becoming enlightened through the efforts of such lay journals as Collier's, The Ladies' Home Journal, New York Herald and many others, and last month in New York there was formed the Public Health Defense League, an account of which will be found in the Journal of the American Medical Association, of November 24. This league is founded on broad lines; composed of public-spirited men and women, both medical and lay, who will work to suppress frauds. Branches are to be established in all the states, and an active campaign is to be carried on. I recommend that our society correspond with this league, and also make it known to our people here—co-operating, but not leading in the work.

Second—Contract and Lodge Practice—It is well understood that the poor and unfortunate are always cared for by our profession for small fees, or gratuitously, but the cor

mittee having this in charge reported that thousands of our people, most of whom are able to pay ordinary fees, were receiving medical attention for from 5 to 15 cents per month.

How can a physician live and keep himself abreast of the times on such fees, which are far below those of the bootblack?

What respect from his fellows, or the community, can a man who so cheapens himself, be entitled to, unless it be that he is forced to it by the direst necessity?

On the other hand, how can these people, if they do not wish to be classed as paupers, accept medical services on such terms?

Remember, in the long run people get about what they pay for.

What quality of service do such fees command in any line? When life and health are at stake can anyone afford to depend upon such underpaid service? No! My lodge friend and my brother physician, you are both working against your own interests. Let me urge you to stop—think—rearrange on a fair basis.

Third—The Pure Food Laws—After years of educational work the people have demanded and Congress has given us a bill which may be considered as a very good beginning measure. Our society has upheld the hands of our representatives in securing this and it now remains for us to assist in having the law enforced and extended as found necessary.

Locally we have a committee on pure milk, but I am sorry to say their earnest and intelligent efforts have not met with deserved success. However, they are still at work recommending clean milk. Some day the public will join us and the thing will be done.

Fourth—In the terrible disaster that befell the great city of San Francisco, it was our privilege to individually join with our fellow citizens in general relief measures, which were supplemented by a substantial gift from our treasury, and also individual gifts for the special relief of our stricken brother physicians.

Fifth—Pure Water—As is well known, Seattle, by reason of its fortunate location and the wise forethought of its people, has an almost ideal water supply.

When it was proposed to open up the watershed by constructing a railway through it, with but slight precautions against contaminating the water, our society realized the danger and sounded the alarm. This was the most important matter we have had to deal with, and we gave it much time and attention. The citizens generally were aroused to the importance of the subject. The courts were appealed to, and the city council gave special attention to it. Expert sanitarians were brought here, and altogether the matter was thoroughly threshed out. So diverse and important were the interests involved and so intense the feeling that animosity was, unfortunately, not entirely lacking.

Our contention against the railway going along the river was overruled by the commission to whom the matter was referred. As we consider ourselves in honor bound by the decision, and as we have had valuable help from other sources as to the location and sanitary details, I will refrain from comments except to point out the fact that when our society began the fight the railway was laid out very near, and in places in the river. During the agitation the railway people made three location surveys, each time going further back from the stream. Our society began the fight against the first location, and the experts reported upon the third location. Mention by them of this

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important fact would have helped the public to partially understand the discrepancy between their ideas and ours. If I am correctly informed, another location still further back has now been made and many appliances added to protect the water from pollution. In the light of all the facts I believe that had the railroad been built as at first proposed, Seattle would almost certainly have suffered an epidemic from contamination of the water supply during construction, and the health of the citizens would have been continuously menaced by the operation of the railway. If built and safeguarded as now proposed the danger will be greatly lessened.

Sixth—Our laboratory, under the charge of Dr. Lazelle, as bacteriologist, and Mr. Johnson, as chemist, has done a very large and in every way acceptable work. These gentlemen are competent, careful and courteous in the discharge of their duties. The work is laborious and exceedingly important to the community and the remuneration inadequate. The city pays for the services of these two experts and for rent, telephone and entire maintenance only $125 per month. I recommend that our society consult with the Board of Health and if it meets their approval that a united effort be made to have the council provide a reasonable increase. I would also bespeak the united and hearty support of the laboratory by our members.

I think from even this hurried and partial review of the year's work all will concede that our society has been of some use to ourselves and to the public at large—that we have justified our existence.

Many problems of sanitation and preventative medicine are pressing for our attention, and for the attention of the community, and I have no doubt we shall in the future, as in the past, be found faithfully working at them and solving them.

I desire at this time to earnestly recommend the inauguration of a movement to establish a sanatorium for consumptives.

That we appreciate the importance of the subject is evident by the excellent papers presented by Drs. Kellogg, Janson, Horsfall and others, as well as the work done by our committee in connection with the Charity Organization Society. As indicating the widespread interest taken, I would call to your minds the fact that the National Association for the Study and Prevention of Tuberculosis is doing a large and splendid work. It is composed of and upheld by many of the leading physicians and laymen of the country and not less than twenty states have societies and commissions dealing in various ways with the problem.

In our own state there has been organized "The Washington Association for the Prevention and Relief of Tuberculosis," headed by Dr. C. A. Smith, president, and Dr. W. R. M. Kellogg, secretary, both honored members of our King County Medical Society and with many of our leading people, both lay and medical, on the directorate. The time is ripe for a sanatorium here and the need is pressing.

I believe the press and public will be glad to have information on the subject and will willingly contribute the necessary funds, that they may avail themselves of the great benefits such an institution would confer.

Many of us present tonight can remember the time when an institution for consumptives would mean nothing more than kind care and a comfortable home where the unfortunate victims of this dread disease could linger, and suffer, and die. Now, however, in this golden age of medi-

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cine when aseptic and antiseptic measures have revolutionized the whole theory and practice of surgery; when anti-toxin has robbed diphtheria of most of its terrors; when the prevention of yellow fever instead of being a matter of panic, demoralization of trade and shotgun quarantine—all ineffectual—consists in the simple and sure process of protecting against the bite of infected mosquitoes.

Now, I say, how different is the picture when, taken at the proper time and managed in the most approved manner, from 50 to 70 per cent of recoveries occur.

Tuberculosis has from time immemorial been the greatest scourge of mankind. In children every seventh death and in adults more than one in every four is caused by it. From its lingering and hitherto hopeless nature the suffering and anguish caused by it have been unspeakable. Until recently its cause was obscure; heredity, against which the individual is helpless, was given a prominent place. Its progress was insidious, its treatment unsatisfactory and its termination too often fatal.

In 1881 Dr. Robert Koch, the great German, discovered the tubercle bacilus, a microscopic, vegetable growth, and demonstrated it to be the sole cause of consumption, as well as all tubercular conditions. Aside from the danger from animals, which can be easily controlled, every case of tuberculosis is caught from some other case, and is preventable. On the other hand, every advanced case is a menace, and as ordinarily cared for is very likely to infect other persons, especially the friends and attendants, but also in a lesser degree those having no personal connection with the consumptive, so that it is true that consumption menaces every individual in the country.

Sanatoria have a two-fold purpose:

First—To care for the advanced, possibly incurable cases, to the end that the community may be protected from infection. Ths object can be almost perfectly attained.

Second—To practically cure the incipient cases. This under favorable conditions can be accomplished, as I have before said, in from 50 to 70 per cent of the cases.

It will thus be seen that when our civilization shall have advanced far enough to cause us to take proper care of all consumptives for a period of years, the disease will be exterminated.

Dr. Trudeau, the noble pioneer in this field, himself a consumptive, in search of health went to the Adirondacs thirty years ago. Having regained his health he has since devoted his life to developing what has come to be known as the fresh air or sanatoria cure.

At first it was thought that certain climates were essential but as experimental sanatoria were established and proved successful in one place after another, in very dissimilar climates, it gradually came to be understood that good work could be done in almost any climate. Institutions are now located in not less than thirty-five states, from Florida to Canada, and from the Atlantic to the Pacific. Our sister city of Portland has for the last two years conducted a successful sanatorium, organized by philanthropic citizens who kindly offer us their friendly aid and advice. Fortunately, solid, expensive buildings are not necessary or desirable; light, cheap construction and tents are sufficient. The site should consist of a few acres, easily accessible, with a porous, well-drained soil. Of course, no one will expect this institution to spring Minerva-like full grown into

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existence. I recommend that we start a moderate-sized place, and until it is self-supporting only those patients be received who can pay at about cost price, then as the institution becomes stronger its benefits can be extended as may be deemed desirable. Of course, the cost of a site will vary according to its size and location, perhaps from $5,000 to $10,000 would be a fair estimate. The plant would require probably $10,000, making in all, say $20,000, and a maintenance fund would be needed for a time.

The institution should be entirely separate from our medical society and should be controlled by the people, medical and lay, who contribute the funds in the interest of the public and the patients, but under no circumstances as a money-making venture.

I believe if you see proper to appoint a committee with power to act and with power to add laymen to their number, you will have the united support of the press and our wealthy and public-spirited citizens will furnish the necessary funds.

In conclusion I wish to take this opportunity of thanking you collectively and individually for the uniform helpfulness, courtesy and kindness shown me in the discharge of my duties as your presiding officer.

Marion County Medical Society.

At the regular meeting of the Marion County Medical Society, held in their hall in the Medical Department of Willamette University December 11, 1906, there was an especially good attendance, showing that the physicians of the city and county feel the benefits accruing from the society, where they can meet from time to time and exchange ideas on subjects of common interest. The subject of the evening was symposium on "Diseases of the Gall Bladder," assigned as follows: Etiology-Pathology and Symptomatology, by Dr. J. N. Smith; Differential Diagnosis, by Dr. Willis B. Morse; Medical Treatment, by Dr. J. M. Kitchen, of Stayton, and Surgical Treatment, by Dr. W. H. Byrd.

After reading and discussing the paper, the following officers were elected for the ensuing year, viz: President, Dr. W. Carlton Smith; Vice-President, Dr. J. H. Fairchild; Secretary, Dr. O. B. Miles; Treasurer, Dr. W. B. Morse; Councillors, Dr. W. H. Byrd, Dr. J. N. Smith, Dr. C. H. Robertson.

The usual routine of business having been completed, a banquet was served and the remainder of the evening was spent in having a general good time, during which it was evident that the telling of good stories was one of the many accomplishments of those present.

It is the intention of the society to hold some meetings during the coming months while the legislature is in session, and should any legislation affecting the profession be sought, the society has always been a factor in bringing it about.

Central Willamette Medical Society.

At the last regular meeting of the Central Willamette Medical Society, held in Corvallis, Ore., December 6, the election of officers resulted as follows: President, Dr. H. S. Pernot, Corvallis; Vice-President, Dr. A. G. Prill, Scio; Secretary, Dr. B. A. Cathey, Corvallis; Treasurer, Dr. G. R. Farra, Corvallis; Censor, Dr. W. H. Davis, Albany; Delegate, Dr. M. H. Ellis, Albany.

The society was favored by the presence of Drs. E. A. Pierce and Ralph Mattson, who gave us two excellent papers, the former on "The

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Early Recognition of Pulmonary Tuberculosis," and the latter on "The Methods and Importance of Obtaining the Opsonic Index."

CORRESPONDENCE.

Harmony Plea of Dr. J. A. Geisendorffer at Eastern Oregon District Medical Society Incompatible With His Record at Home.

We are in sympathy with any move tending to harmonize the medical profession, and no one would do more than ourselves to assist in establishing such conditions, on an honorable basis.

The medical profession is in a most deplorable condition in The Dalles; this unharmonious state existed long before our entry on the field. Beginning the practice here in 1900, and in the absence of hospital facilities, we found we were very much handicapped, therefore we urged the building of a hospital, but found the public lacking interest in such an enterprise. We were therefore compelled to finance and maintain the present institution, which has recently been enlarged from twenty to forty beds. On opening the hospital, all physicians were invited to participate in all the privileges of the same, thinking such a move would tend to harmonize and bring the profession together in this locality. How well the plan succeeded with some of the members of the profession, the following extracts from open letters published in the Daily Chronicle will show:

Statement of Drs. Ferguson and Reuter.

March 6, 1906.

"No one can regret more than ourselves the circumstances which call for this article. During the past three weeks there has been a great deal said about the affairs of The Dalles Hospital and its management. Many false and malicious reports have been put in circulation by one or two men, and were it not for the fact that such reports are repeated by people who do not know the origin of the same, it would not be necessary to discuss the matter here.

"The late Mrs. Wm. Fredden's baby was born Tuesday, January 30th. The following Saturday Mrs. Fredden was taken ill with appendicitis. The usual treatment was administered as is employed where for any reason operation cannot be performed.

"One week afterwards the appendical abscess ruptured, and as soon as possible thereafter the abdomen was opened directly over the appendix and a large quantity of pus evacuated. Since that time we have learned that Drs. J. A. Geisendorffer and H. Logan have circulated reports that we have carried infection from one case to another, and in the above case they stated it was not appendicitis but blood poison (puerperal septicemia) conveyed by us from Mrs. Adams (Doctor E. E. Ferguson's sister) who was brought here from Pendleton seriously ill with blood poison. Dr. Geisendorffer was especially active in this matter.

"Not satisfied with scattering these malicious lies broadcast, he went directly to the family of the deceased and made an effort to convince them that she was not suffering from appendicitis, but from blood poison conveyed to her by us. These false assertions were made by this envious man without any definite knowledge of the case."

The Dalles, Ore., March 5, 1906.

Mr. Wm. C. Fredden, The Dalles, Ore.—

Dear Sir: Inasmuch as some of our enemies are circulating false reports concerning the cause of the death of your late wife, we make the following proposition to you:

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At our own expense we will cause the body of your wife to be exhumed and a thorough post mortem examination to be made of the body by Dr. Andrew C. Smith, ex-President of the Oregon State Medical Society and eminent surgeon, and Dr. R. C. Yenney, Secretary State Board of Health and pathologist of note, and if they certify that her death was caused by anything other than the direct effects of appendicitis, we will pay twenty-five hundred dollars to each of your minor children, the money to be paid to the lawful guardian of each child, the amounts so to be paid aggregating five thousand dollars.

We have this day deposited five thousand dollars with the First National Bank of The Dalles, Oregon, and we hereby direct said bank to pay twenty-five hundred dollars to the guardian of each of your two minor children in the event that said Dr. Andrew C. Smith and Dr. R. C. Yenney certify that your wife died from any other cause than the direct effect of appendicitis.

DRS. FERGUSON & REUTER.

Drs. Geisendorffer and Logan's reply to Drs. Ferguson and Reuter, March 7, 1906:

In reply to the statement of Drs. Ferguson and Reuter, published in the Chronicle of yesterday, the shoe seems plainly to pinch them, and they certainly have my permission to wear it, as such, as I have nothing to retract in what I have said in the matter in controversy.

I have never expressed an opinion to any of the relatives as to the cause of the death of Mrs. Wm. Fredden, except when especially solicited by said relatives, as they will certify.

DRS. H. LOGAN and
J. A. GEISENDORFFER.

Resent Being Slandered.

March 9, 1906.

Drs. Logan and Geisendorffer reply to our statement of March 6th. Although two in number, they make use of the pronouns MY and I and never OUR and WE. Do they want to convey the idea that "I" and "my" stand for duplicity, or that one of the signers is a medical nonenity, or that one name is used pro-forma only?

It is said in the reply of Drs. Geisendorffer and Logan that the shoe pinches. If envious lies and slanders uttered by Drs. Geisendorffer and Logan are the shoe, we admit the truth. If Drs. Logan and Geisendorffer by their words acknowledge that they lied and slandered us, then we four agree. For we, Drs. Ferguson and Reuter, charged directly Drs. Logan and Geisendorffer with most unprofessional conduct, by criticising a case of which they had no definite knowledge. We charge, especially, Dr. Geisendorffer with having scattered broadcast malicious lies, through motives of professional envy. We accuse Dr. Geisendorffer of having spread the false and malicious report that we conveyed infection to Mrs. Fredden, that in consequence of such infection aforesaid Mrs. Fredden died. Dr. Giesendorffer is charged with virtually accusing us of murder. Now, in self-defense, we challenge Drs. Geisendorffer and Logan to prove that Mrs. Wm. C. Fredden died from blood poison (puerperal septicemia) and not from the direct effects of appendicitis. We challenge Drs. Geisendorffer and Logan to order or assist at a post mortem to be made on the body of the late Mrs. William C. Fredden by Drs. Andrew C. Smith and R. C. Yenney, or other surgeons of equal standing and ability. We challenge Drs. Geisendorffer and Logan to pledge themselves to pay for said post mortem and to pay $5,000 to the children of the late Mrs. William C. Fredden if it is proven that they spread slanderous reports

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regarding us. (Of unprofessional incivility they are guilty at all events.) We, the undersigned, pledge ourselves to pay all post mortem expenses and $5,000 to the children of said Mrs. Willim C. Fredden and to forever retire from the practice of medicine in The Dalles, if it should be proved that Mrs. Fredden died of puerperal septicemia instead of the direct effects of appendicitis.

We believe that the occasion demands that you, Drs. Geisendorffer and Logan, should not be content with saying that the shoe pinches, you should prove that we infected Mrs. Fredden; that Mrs. Fredden did die from such infection; that she did not die from the direct effects of appendicitis.

We stake our money, our reputation, our all, in vindication of ourselves from your vile lies and slanderous accusations. Do you likewise vindicate yourselves from the accusation of slandering and defaming? We give you the opportunity. Or know that we brand you as vile and envious slanderers, as men unworthy of your profession and of the confidence people were pleased to place in you; and as such you will stand before the medical profession and the world at large as long as you draw breath, charged with moral infection.

DRS. FERGUSON & REUTER.

The Dalles, Ore., March 21, 1906.

Mr. W. C. Fredden, The Dalles, Ore.—

Dear Sir: We have this day examined the body of Mrs. W. C. Fredden, and find the following:

The body was in a good state of preservation.

On opening the abdomen we found some purulent fluid in the general peritoneal cavity, being especially abundant in the right Iliac fossa.

The uterus was the normal organ of a post-partum condition. The fallopian tubes were both alike and normal appearing in every particular.

The appendical region presented a cavity containing pus and fecal matter in which was found a large appendical concretion which we herewith submit. There was also a perforated appendix, which is herewith submitted in two sections; the point of perforation having resulted in a complete sloughing off of this organ at about the junction of its first and middle thirds.

We find the cause of death, therefore, to have been unquestionably a perforative appendicitis.

Respectfully,

ANDREW C. SMITH,

ROBERT C. YENNEY.

We would not now present this matter to the profession had Dr. Geisendorffer not been going about the country denying to physicians the above charges.

DRS. FERGUSON & REUTER.

[Note by the Editor.—The above, from the columns of the Daily Chronicle of The Dalles, is published at the request of Drs. Ferguson and Reuter. While we deplore the fact that such a controversy has arisen, the columns of the Medical Sentinel are open to both sides of the case.]

For a single tenorrhaphy make the incision quite a little to one side of the line of the tendon and perform no more dissection than is necessary. This is to avoid adhesions of the tendon to the skin.—American Journal of Surgery.

A chronic synovitis of apparently unknown origin and very rebellious to treatment is sometimes due to a small focus of osteomyelitis just beneath the cartilaginous surface.—American Journal of Surgery.

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Book Reviews

Stenhouse and Ferguson's Epitome of Pathology. By John Stenhouse, M. D., of the University of Toronto, and John Ferguson, M. D., Toronto, Canada. 12mo., 285 pages, amply illustrated. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1906. (Lea's Series of Medical Epitomes. Edited by Victor C. Pedersen, M. D.)

The volume on Pathology brings near to completion the Medical Epitome Series, which is to comprise twenty-three manuals authoritatively covering the whole field of medical education. Twenty of these are now ready, leaving only the volumes on Nose and Throat, Gynecology, and Hygiene to be published shortly. Drs. Stenhouse and Ferguson devote the first half of their work to General Pathology, after which the Special Pathology of the various organs and systems is considered. This arrangement conforms to the modern method of handling the subject, so that this excellent epitomization will serve not only the student in acquiring a well assorted knowledge, but also the practitioner who desires to post up on the leading points. Mastery of the information so easily presented in this compact volume will qualify its readers on the essentials of the subject and facilitate the work of those who desire to pursue it further in the larger treatises.

Surgery: Its Principles and Practice. In five volumes. By 66 Eminent Surgeons. Edited by W. W. Keen, M. D., LL.D., Hon. F. R. C. S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Vol. 1: Octavo of 983 pages, with 261 text illustrations and 17 colored plates. Philadelphia and London: W. B. Saunders Company, 1906. Per volume: Cloth, $7.00, net; Half Morocco, $8.00, net.

This promises to be a monumental set of volumes, and the practitioner who procures this, and the four succeeding issues, will possess 4000 pages of exceedingly valuable surgical literature. Nearly four-score of the brightest, most ardent and most earnest surgical scholars and experts of Europe and America will contribute their best knowledge. Surgical works have a way in these days of getting sadly out of date, because of the great progress made by the profession; and the practitioner who is desirous of giving his patients the best obtainable treatment, can scarcely afford to fail to avail himself of these volumes. The long list of able contributors to this opening volume and those which will come later cannot fail to impress one with an enthusiastic determination to secure them as rapidly as they are published.

A word should be added as to the mechanical work displayed in the preparation of this volume under notice. The paper, printing and binding are of the best, and the illustrations especially are worthy of note as being of the greatest value to the student, and the practitioner who is desirous of acquiring the most practical suggestions, and making them his own.

The American Illustrated Medical Dictionary. All the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry and kindred branches; with over 100 new tables. By W. A. Newman Dorland, M. D.

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Fourth Revised Edition. Octavo of 836 pages, with 293 illustrations, 119 of them in colors. Philadelphia and London: W. B. Saunders Company, 1906. Flexible Morocco, $4.50, net; thumb indexed, $5.00 net.

The preparation of a new edition of a Medical Dictionary is no easy task. Each year there are numerous additions to the vocabulary of medical science, and the editor of such a work must make careful search for new words that are constantly appearing. Over 2000 new words have been defined and numerous improvements made throughout the text, and nearly every table has been considerably amplified. The pictorial features have been considerably enhanced by the addition of six new colored plates, illustrating the subjects of Appendicitis, Diphtheria, Gall Stones, Leishman-Donovan Bodies, Measles and Nephritis. The printing and binding of this valuable book is all that can be desired.

Obstetrics for Nurses. By Joseph B. DeLee, M. D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Second Revised Edition. 12mo of 510 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $2.50, net.

Although this book is intended primarily for nurses, medical students will find much of value in it, since the duties of a nurse often devolve upon them in their early years of obstetric practice. The illustrations are nearly all original, and were made expressly for the work. The text is the outgrowth of eight years lecturing to the nurses of four different training schools. In discussing the treatment of obstetric complications and technic, the latest methods that promise anything of value have been fully presented from the nurse's standpoint.

Photoscopy (Skiascopy or Retinoscopy). By Mark D. Stevenson, M. D., Ophthalmic Surgeon to the Akron City Hospital; Oculist to the Children's Home, Akron, Ohio. Octavo of 126 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $1.25, net.

Photoscopy (which is the method of estimating the refractive error of an eye, by reflecting light into it by a plane or concave mirror, while rotating or tilting the mirror, and observing the size, shape, brilliancy, direction and rate of movement of an area of light apparently in the observed eye), and its use, are clearly explained in this book. The author clearly elucidates the reasons of the various phenomena observed in his work. Certainly this is a most valuable treatise for those whose practice calls for light on this most interesting subject.

Saunders' Pocket Medical Formulary. By William M. Powell, M. D., author of "Essentials of Diseases of Children"; Member of Philadelphia Pathologic Society. Containing 1831 formulas from the best known authorities. With an appendix containing Posologic Tables, Formulas and Doses for Hypodermic Medication, Poisons and their Antidotes, Diameters of the Female Pelvis and Fetal Head, Obstetric Table, Dietlists, Materials and Drugs used in Antiseptic Surgery, Treatment of Asyphyxia from Drowning, Surgical Remembrancer, Tables of Incompatibles, Eruptive Fevers, etc., etc. Eighth edition, Adapted to the New (1905) Pharmacopeia. Philadelphia

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and London: W. B. Saunders Company, 1906. In flexible morocco, with side index, wallet and flap, $1.75, net.

This formulary made its initial appeal to the profession several years ago, but its value has been such that an eighth edition has been called for. Many obsolete formulas have been omitted, and more than 460 new ones have been added. These have been culled from the writings of the best medical authorities, and will be found to embody a large number of approved new remedies. A careful perusal of the work conveys the unmistakable suggestion that it represents the prevailing therapeutic methods, and while no practitioner will slavishly follow it to the letter, he will find much in it that is extremely valuable by way of suggestion.

The Physician's Visiting List (Lindsay & Blakiston's) for 1907. 56th year of its publication. Philadelphia: P. Blakiston's Son & Co.

This well and strongly bound annual visitant from this well known firm of publishers contains about everything that such a work should contain. It is compact, and yet its tables, and blank pages for visiting list, for every day in the year, for engagements and for cash account, give the practitioner just what he needs, and what will be of the most practical value to him. It is very clear that this useful little volume is compiled as a result of much experience and many suggestions from practical minds.

Studies in Psychology of Sex; Erotic Symbolism; The Mechanicism of Detumescence; the Psychic State in Pregnancy. By Havelock Ellis. Philadelphia: F. A. Davis Co., Publishers, 1906.

The field covered by this work, and four other volumes which have preceded it, is peculiarly that of this author. He has gathered together a mass of testi mony, facts and conclusions which no other writer has equalled. It is a little remarkable that the somewhat slow British mind will not permit Dr. Ellis to issue these works in his own country; and if issued at all in English, they must find a publisher in the less narrow United States. Nobody will claim that these works should find a place on the shelves of the ordinary library, but most certainly they are of great value to medical men who every day in their practice are meeting with cases similar in many respects to those reported by Dr. Ellis. His conclusions are valuable, and his researches in ancient literature concerning the branches of the subject with which he deals, certainly appear to be of the most exhaustive character. The profession will await with interest the final volume in the series, in which will be considered the bearings of the psychology of sex on that part of morals which may be called "social hygiene."

A Treatise on the Motor Apparatus of the Eyes. Embracing an Exposition of the Anomalies of the Ocular Adjustments and Their Treatment, with the Anatomy and Physiology of the Muscles and Their Accessories. By George T. Stevens, M. D., Ph. D. Illustrated with 184 engravings, some in colors. 496 pages, Royal Octavo. Bound in Extra Cloth, Bevelled Edges, $4.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This work presents, in a systematic form, the principles governing the physiological actions and anomalous disturbances of the motor apparatus of the eyes; and whatever progress

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may be made in the future will not, it may confidently be asserted, supplant the general principles the author has so clearly, ably and fully elucidated, but will undoubtedly serve to explain many questions thus far unanswerable.

In view of the fact that difficulties of adjustments of the eyes are a source of nervous trouble, and, more frequently than other conditions, constitute a neuropathic tendency, a knowledge of the principles of the adjustments of the eyes and their anomalies becomes of the greatest importance. This work supplies that knowledge in convenient and usable form for the general practitioner, neurologist and oculist.

The reputation of the author as one of the most original thinkers and foremost investigators in his profession, and one whose works have exerted a profound influence on the views, not only of oculists, but of practitioners in other branches of medicine, is well known.

The knowledge that he has for some years past been engaged in the preparation of a work of this kind has led to an urgent and very general demand that he give to the professional and scientific world, in the form of a volume, the essentials of the subject, which has for a number of years excited much interest in the medical profession, and bring his discoveries and views in concise and comprehensive form up to the present time.

Dr. Stevens' work is a systematic development of the subject of adjustments of the eyes. Commencing with the comparative anatomy of the motile apparatus as it is found in the lower animal classes, and passing to the anatomy of the muscular, vascular, and nervous apparatus engaged in the movements of human eyes, he advances from the physiology of adjustments to the subject of perspective and to the psychology of sight, and at length to the classes of anomalies as they arise from variations from normal types.

The author's familiarity with anatomical, craniological; physiological, and psychological investigations enables him to place his subject before the reader in a style as attractive as it is scholarly and scientific. Every page is replete with important truths, a considerable proportion of which appear here for the first time, all of which are stated with clearness, and many of which are presented in a form quite unique in medical literature. The work is the most comprehensive as well as the most original of any which have appeared on this subject.

The Practical Medicine Series, Comprising ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D. Vol. VII. Pediatrics, edited by Isaac A. Abt, M. D., Assistant Professor of Medicine (Pediatrics Dept.) Rush Medical College; Orthopedic Surgery, edited by John Ridlon, M. A., M. D., with the collaboration of Gilbert L. Bailey, M. D. Series 1906. Chicago, The Year Book Publishers, 40 Dearborn street.

In this little volume, the most important papers on pediatrics of the past year have received notice. No startling progress has been made in this field, though a great number of valuable clinical reports and laboratory investigations have been published in the current journals. There is no doubt but that the selections for this issue of the year book contains the most important and most practical record of the year's progress.

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Golden Rules of Pediatrics, Aphorisms, Observations and Precepts on the Science and Art of Pediatrics, Giving Practical Rules for Diagnosis and Prognosis, the Essentials of Infant Feeding, and the Principles of Scientific Treatment. By John Zanorsky, A. B., M. D., Clinical Professor of Pediatrics, Washington University Medical Department, St. Louis, etc., with an introduction by E. W. Saunders, M. D., St. Louis. The C. V. Mosby Medical Book Co. 1906.

The author believes that the mode of expressing the essential truths of medical science by aphorisms is a good one, and he has followed it in this volume. It is an unusual method. Certainly the conciseness which must characterize the aphorism, is an advantage. Whether or not the information which the practitioner needs to find, to guide him in a particularly hard place, is as easily found in a book of this character, is open to question. The author is sufficiently experienced to be able to emphasize in his work, those propositions which are decidedly among the most important for the practitioner to have impressed upon his mind. There is no important branch of medical science that is more in need of books containing practical suggestions, than that of pediatrics, and this work is timely, and well worthy a place on the library shelf of the busy physician.

The Practical Medicine Series, Comprising ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D. Vol. 8. Materia Medica and Therapeutics, Preventive Medicine, Climatology, Forensic Medicine. Series 1906. Chicago: The Year Book Publishers. There is much of value to the practitioner in this little volume. The editor states that during the year few new remedies of great importance have been presented. In drug therapeutics there appear signs of a renewal of interest in the direction of revising the old materia medica and establishing it upon a more modern and scientific footing. The chapters devoted to Materia Medica and Therapeutics are arranged alphabetically, and the reader can acquaint himself at a glance with much valuable experience which has been reported during the year with the use of various remedies. The references are such that he can, with little trouble to himself, procure fuller details as to the experience reported. Under the head of preventive medicine, climatology, and forensic medicine, there is much concise information that is intensely practical, and up to date.

The Practitioners' Visiting List for 1907, published by Lea Bros. & Co., Philadelphia and New York, is always a welcome visitor. It contains memoranda and data important for every physician, with ruled blanks for recording every detail of practice. It is a wallet-shaped book, bound in flexible leather, with flap and pocket, and calendar for the year. Its price, mail prepaid, is $1.25. This is its twenty-first annual issue, and embodies the results of long experience and study, devoted to its development and practice.

A Treatise on Surgery. In two volumes. By George R. Fowler, M. D., Examiner in Surgery, Board of Medical Examiners of the Regents of the University of the State of New York; Emeritus Professor of Surgery in the New York Polyclinic, etc. Two imperial octavos of 725 pages each, with 888 text illustrations and four colored plates, all

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original. Philadelphia and London: W. B. Saunders Company, 1906. Per set: Cloth, $15.00, net; half morocco, $17.00 net.

We have been looking forward to the appearance of this work with the greatest expectations, for Dr. Fowler's endeavors in the field of practical surgery have been such as to stamp his writings with unquestionable authority. It is not too much, indeed we feel it is too little to say that our expectations have been fully realized. The work is a masterpiece. It is an accurate, up-to-date treatise on surgery, skilfully presented. This entirely new work presents the science and art of surgery as it is practiced today. The first part of the work deals with general surgery, and embraces what is usually included under the head of principles of surgery. Special attention is given to the subject of inflammation from the surgeon's point of view, due consideration being accorded the influences of traumatism and bacterial infection as the predisposing and exciting causes of this condition. Then follow sections on the injuries and diseases of separate tissues, gunshot injuries, acute wound diseases, chronic surgical infections (including syphilis), tumors, surgical operations in general, foreign bodies and bandaging. The second part of the work is really the clinical portion, devoted to regional surgery. Herein the author especially endeavors to diseases that are of the greatest importance, not only because of their frequency, but also because of the difficulty of diagnosis and the special care demanded in their treatment. Throughout special attention has been given to diagnosis, the section on laboratory aids being unusually excellent. The text is elaborately illustrated with entirely new and original illustrations, and evidently neither labor nor expense has been spared to bring this feature of the work up to the highest standard of artistic and practical excellence.

Under the telling title, "The Boycott of Consumptives," a writer in the current number of the Independent Review, deprecates the feeling which is so rapidly closing "health resorts" against sufferers from tuberculosis, and insists that the panic which has fallen on tourists and hotel-keepers is as unreasonable as it is heartless. The article will call out widespread comment, both favorable and adverse. The Living Age of December 8 reprints it.

The New York Pharmaceutical Co., Bedford Springs, Bedford, Mass., has just issued a most interesting and instructive booklet under the above caption which gives in detail the various methods adopted by the female sex of the many savage and semi-civilized tribes to increase their attractiveness in the eyes of the male portion of their tribe or race.

In some instances this so-called improvement or attractiveness is carried to that degree of regional development that locomotion is impossible. A copy of this booklet will be sent upon application.

The life story of E. H. Harriman, the man who reorganized the Union Pacific Railroad and created the "Harriman System" of Western roads, is at last told at length in the January Review of Reviews by Carl Snyder. Very little material of an authentic nature has heretofore been printed concerning this modern "Colossus of Roads," as the editor of the Wall Street Journal very aptly styles Mr. Harriman. The article by Mr. Snyder is both illuminating and convincing. It is based on a thorough study of the Western railroad situation, and of Mr. Harriman's relations thereto.

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Correspondence

The A. M. A. In 1909.

Editor Medical Sentinel—

Dear Sir: I notice in the Seattle Post-Intelligencer a telegram from Washington to the effect that Dr. Henry W. Coe, of Portland, offers to do everything he can to secure the 1909 meeting of the American Medical Association for Seattle, and further to contribute $500 to the fund for the entertainment of the association, and further states that he believes the physicians of Portland will be equally liberal in this matter, and equally enthusiastic to secure the meeting for Puget Sound. I am wondering whether the Seattle doctors will refuse to accept this money and this proffered assistance. Are not coals of fire being poured over their heads in return for what they did in 1905?

REX, M. D.

Tacoma, Wash., Dec. 10, 1906.

Note by the Editor.—Our correspondent seems to misconstrue the situation entirely. The editor of the Sentinel, when in Washington, D. C., was asked to lend a service to the Alaska-Yukon Pacific Exposition, which he d id, and during the period of great enthusiasm which he felt over the matter, he made the proposition to aid in the good work of securing the A. M. A. for 1909 for our sister enterprising city. That enthusiasm has not abated a particle, and he still stands ready to d o all he can to procure the meeting for Seattle, and believes that it can b e done. The attitude of Seattle towards the meeting of the A. M. A. in 1905 in Portland is a dead issue and a closed incident. Our Seattle friends will not regard this for a moment as coals of fire, but will look on it as being an offer made in good faith.

OBITUARY.

The death is announced on the 11th ult. at his home at Newport, Wash., of Dr. Fred L. Ainsworth. His death was the result of injuries sustained in a fall. He was standing on the river bank and started down the stairs toward the river, when he slipped and fell, sustaining a compound fracture of the right leg just above the knee. Dr. Ainsworth had been in Newport about two years, and was well and favoraby known.

Dr. S. E. Smith, of Portland, died rather suddenly on the 16th ult. Dr. Smith was an old-timer, he having come to Oregon in 1879, when he located on the east side of the Willamette. He was born in Duchess County, N. Y., and graduated from Buffalo Medical College.

ASSISTANT WANTED.

An assistant physician wanted in good town in Oregon. Salary paid; must be sober and industrious. Address Medical Sentinel Exchange Bureau, 606 Marquam Building, Portland.

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Extracts

Renal Tuberculosis.

L. Freeman, Denver (Journal A. M. A., December 22), remarks that the old notion that renal tuberculosis was secondary to that of the bladder is now exploded and its hematogenous origin is very generally recognized. This view, supported by clinical experience, is also supported by the experimental findings of Baumgarten that tuberculous infection in the genitourinary system follows the flow of the secretions, from the testicles to the prostate and from the kidneys to the bladder. Renal tuberculosis is generally at first unilateral, and in spite of the fact that it may occasionally become latent for longer or shorter periods, its usual course is progressive, and experience has demonstrated that early nephrectomy, before involvement of the bladder occurs, is the best treatment for unilateral renal tuberculosis, provided the general condition of the patient permits. The existence of tuberculosis elsewhere, if not too far advanced, is not a contraindication; even bad cases of vesical tuberculosis may improve or recover after operation, as has frequently occurred in Freeman's experience. It should be remembered, too, that the tuberculous disease of the bladder is often only apparent, as a reflex from the kidney or the result of irritating discharges. The one essential to be kept in view is that the other kidney must be sound, both as to function and tuberculosis, and an occasional exploratory lumbar incision may be required, though as a rule this is ascertainable by other well-known methods. The weight of authority is against partial nephrectomy, and nephrotomy is never indicated except to relieve suffering in case nephrectomy is impossible. It can not cure, and almost always leaves a troublesome urinary sinus. The removal of the ureter is not ordinarily indicated. If sinuses result they usually heal after nephrectomy. Fourteen cases are reported and discussed.

Tuberculosis Sanitaria.

The effect of tuberculosis sanitaria on the value of surrounding property forms the subject of a paper by W. H. Baldwin, Washington, D. C., in The Journal A. M. A., December 22. He discusses the general subject of institutions in their effect on the surrounding values and gives the result of an inquiry based on a correspondence with 59 of the largest sanitaria in the country. A series of questions was sent out covering the factors that might be active, such as the location, capacity, time established, nature of buildings, quantity of land, class of patients received, distance on which effect on values was appreciable, etc. From the answers received it would appear that in 58 per cent of the instances, adjoining values had increased, accompanied in 17 per cent by a change for the better in the purpose for which the land was used. In 35 per cent there was no change, and in 7 per cent a depreciation of adjoining values was admitted. In 37 of the 59 institutions reporting, there had been no opposition at any time on the part of the community, in 14 there had been opposition which had disappeared, in 5 there was still opposition to the institution. Of course the complexity of the question is recognized, and it can not be determined whether the institution or other cause is responsible for certain effects. The most striking good effect undoubtedly

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due to the institution is shown by the Adirondack Cottage Sanitarium, where the increase of its popularity and of the prosperity of the surrounding population has been very markedly noticeable. Similar reports come from Liberty, N. Y., Rutland, Mass., Gravenhurst, Ont., and elsewhere. It would appear that the opposition is comparatively a recent thing, as a number of striking instances here referred to indicate. Such prejudices deserve consideration and needless interference with values should be avoided, though experience has shown that there is absolutely no danger in a well-conducted sanatorium. A wise policy in the projectors and conductors of such will make them a recognized direct benefit to the community.

Nose and Ear Suppuration and Facial Erysipelas.

C. F. Welty, San Francisco (Journal A. M. A., December 22), accounts for the special frequency of erysipelas in the face by its nearness to the source of infection in the nose or ear. The pus secretion produces an abrasion of the skin or mucosa and inoculation follows. This may also be conveyed by the handkerchief, or, more frequently, he thinks, by the finger. The reason for the so frequent recurrence of facial erysipelas is, he says, because the infection is always present and is practically never eliminated without operation. When streptococci can be determined in the secretion of the ear or nose it should be considered as an established fact that the erysipelas is dependent on them. The reason why 2 per cent of facial erysipelas starts from the angle of the nose is thus explained. The reason that erysipelas does not occur in every case in which streptococci exist in the secretions is best given by assuming immunity or modified virulence; not every case of exposure to other infections is followed by the outbreak of the disease. These opinions are supported by the results of the examination of some 60 cases of erysipelas in the city and county hospitals at San Francisco. Idiopathic facial erysipelas, Welty says, is a misnomer.

The Pharmacology of Digitalis.

R. A. Hatcher, New York City (Journal A. M. A., December 22), describes the physiologic action of digitalis and discusses its active principles. Digitalin, he says, is at present of little practical importance. Digitoxin more nearly represents the leaf, but the traces digitonin in the latter tend to counteract the vasoconstrictor action of digitoxin and probably modify it to a considerable extent. Digitoxin has the disadvantages of being insoluble in water, with consequent irritant action, slowness to act and tendency to cumulative effect. Hatcher discusses its proneness to decomposition, whereby toxiresin is formed, the narrow margin between the effective dose and that causing cumulative action with continued use, and the marked vasoconstrictive properties which may be a disadvantage in certain conditions. It seems likely, nevertheless, to come into more general use. The chief trouble is in its insolubility, and Cloetta has succeeded in obtaining a soluble, amorphous digitoxin, that can be injected subcutaneously, which he calls digalen. Reitter, however, finds from clinical experimentation that this substance is not any more effective than the leaf, and much more expensive. Strophanthin, Hatcher says, possesses the typical digitalin action; it can be prepared in constant and stable form, is not expensive, can be given for long periods without cumulative effects,

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the effective dose is much farther from that which causes cumulative action than is the case with digitoxin. It is soluble in water, and hence much quicker to act, and is more active and less irritant than digitoxin. The unreliability of the crude drug from which it is derived, however, has caused it, and with it its active principle, to fall somewhat into disrepute. As regards the unreliability of digitalis, he says, it has been shown that leaves gathered in the proper season, quickly dried, cut up, dried thoroughly in a vacuum and hermetically sealed, will undergo very little change in a year. Physicians, therefore, should demand such leaves, duly tested, and with the date stamped on the package, as is done with sera.

Pharmacology of Veratrim.

H. C. Wood, Jr., Philadelphia (Journal A. M. A., December 22), questions the propriety of placing the two plants, veratrum viride and veratrum album, together under one head in the Pharmacopeia. He has been long impressed with the irregularity of the action of veratrum viride, and hence of the desirability of employing its active principle, were that possible. He reviews the facts that seem established as regards its alkaloids and their action, and concludes as follows: "1. Neither veratrin nor ubijervin are present in veratrum viride root in sufficient amount that they can in any degree be held responsible for the activity of the drug. 2. Protoveratrin, although an extremely poisonous substance, differs essentially in its effects from the veratrum rhizome, and, therefore, is not to be considered its active principle. Moreover, the proportions of it are too small to permit of its being considered the toxic ingredient. 3. Of the known proximate principles, jervin most nearly corresponds in its physiologic action to the crude drug, but is present in too small amount in proportion to its toxicity to be considered the chief active ingredient. 4. The evidence, therefore, seems to me conclusive that there is in veratrum viride some active substance as yet undiscovered."

The Prostitution Problem.

L. Weiss, New York (Journal A. M. A., December 22), reviews the history of the social evil, showing that it has existed at all ages, and concludes that its absolute eradication is impracticable. "There is present on one side an atavistic dormant tendency toward polygamy in man, a developmental defect as it were, mitigated by religion, education and self-control; and on the other an almost extinct inclination for polandry in the female, present in an almost negligible quantity." The male factor, he thinks, should be met, though not in an equalizing proportion, by the higher sense of morals in women, developed in them through ages. Whatever remains between these two disproportionate traits must, of necessity, be imputed to him. Here is where so-called social conscience must be awakened. Even if there should come a time, however, when a higher standard of sexual morals eradicates the factor of masculine vice the feminine factor will not cease to produce its quota, though to a lessened extent. Besides the small number of atavistic prostitutes, the sources of prostitution are the entrance of women into industrial life and losing the protection of the home, the crowding and lack of privacy in the dwellings of the poor, child labor, employment agencies, the tendency to migration to the cities and the consequent harder conditions of life. As regards the question of abolition or regulation, Weiss takes a sort of neu-

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tral position; there are excellent points, he says, in each system, but better ones yet in a blending of both.

A Practical Lesson in Reglementation.

W. E. Harwood, Eveleth, Minn. (Journal A. M. A., December 22), narrates the experience of an iron mining company in regulating the social evil on its property and among its employes. Only the women were brought under regulation; the men were largely foreigners, with foreign habits and a meager knowledge of the English language. This, together with the use of different names and check numbers made the control of the male disseminators of venereal disease exceedingly impracticable. The keepers of the brothels, which were on the company's land, were induced to cooperate in the minimizing of what was considered a necessary evil. The results, he says, would indicate that it is possible to lessen venereal disease by: 1. Thorough frequent inspection of all houses of prostitution; 2, by placing acutely diseased women in a hospital and giving them due treatment; 3, by the exclusion from the houses of diseased men; 4, by the registration of diseased women with the keepers of the houses; 5, by cooperating with the keepers until the present periodical extortion system is a thing of the past. By these means he claims that the disability from venereal disease, which was at first complained of in the working force, has been rendered insignificant. It is admitted that the percentage of active cases found between the beginning of the statistics and the date of last examination does not show much improvement, but allowance should be made for the greater number of cases discovered with greater experience of the examiner.

Hymenolepis Nana and Hymenolepis Diminuta.

Four additional cases of the occurrence of Hymenolepis nana to those already reported from the United States are published by W. H. Deaderick, Marianna, Ark. (Journal A. M. A., Dec. 22), and he describes the parasite and the method of its detection. It may require, he says, repeated doses of male fern, the only remedy of value, thoroughly to expel the worms, and they are often difficult of detection in the feces after expulsion. They resemble minute opalescent shreds of mucus and the greatest care is needed to avoid overlooking them. He examined for them in a large flat baking pan, painted black, with perforations in one end so that the liquid feces could be retained or poured off without agitation. These cases were discovered during an investigation he was making as to the frequency of uncinarasis, and the finding of so many cases in a limited study leads him to think that the parasite may be of more common occurrence than has been generally supposed. He also reports a case of Hymenolepis diminuta in a child, the twelfth on record, discovered like the others while searching for the ova of uncinaria.

Bad Times for the Doctor.

Now that the medical schools are once again filled with embryo surgeons and physicians, the medical papers are lamenting the bad times on which doctors have fallen. The British Medical Journal even avers that their incomes have fallen off 25 per cent. during the last three years. As an explanation it suggests the dying down of the epidemic of influenza, and the mild winters, with the consequent

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absence of the type of illness called "seasonable." There is, I think, another possible explanation. A very large part of the doctor's work is nowadays preventive, and as a sanitary officer and adviser he has had, as we all know, a notable influence upon the public health. You do not find the lawyer very enthusiastic about the simplification of legal processes so that every man may be his own lawyer, and yet not have a fool for a client. But the doctor is always trying to prevent the illness whereby he is supposed to make a living. He is like the man who sat on the end of the bough which he was sawing off. It is surely a little unfair of the public to expect the doctor to ruin his own chances of living by increasing those of other people. His very success spells failure and bankruptcy. The obvious remedy seems to be the reversal of our usual practice of rewarding the doctor only when we are diseased. Let us pay the doctor for keeping us well rather than for curing us when (possibly owing to his own lack of watchfulness or foresight) we are ill. There is, you will remember, the precedent of China, where the citizen stops payment as soon as the doctor has to treat him. And I know at least one squire who pays the country doctor a fixed and generous salary for looking after the health of the household. Naturally the doctor puts in the stitch in time to save the nine he would have to provide if a case of typhoid broke out.—The Reader.

Federal and State Regulation of the Food Question.

Again, through the agency of the facile principle of interstate commerce regulation, has the much-buffeted theory of State rights received another shock, this time a mild and (as usually the case previously) a necessary one. After ignoring 27 "pure-food" bills during the last 16 years, the United States Senate, on February 21, last, by a vote of 63 to 4, passed the so-called Heyburn "national pure-food bill." In registering his vote against the measure, on State-rights grounds, Senator Bailey criticised the growing tendency to come to Congress for legislation when it happens that State authorities fail in the prosecution of offenses of any class.

As we shall see, nearly all of our States have elaborate laws relating to the purity of food-stuffs sold to the public, and (to quote the United States Department of Agriculture's chief chemist) if all these laws could be executed to the letter there would be little complaint, in this country, of commerce in adulterated or misbranded foods. A State food-inspection department, however, even when efficient in its control of the manufacture and sale of foods within its jurisdiction (which will be all the more necessary when a national law is finally put in operation), cannot control or punish a manufacturer in another State where the laws are not enforced. Nor can a State regulate commerce in unbroken packages of foodstuffs between States.

The Congress of the United States cannot make police regulations of any kind for various States, but it can make such regulations for foodstuffs, etc., entering into foreign import or export commerce, or interstate commerce. Several acts relating to our foreign commerce in foodstuffs are already in operation. The Heyburn bill is a bill to regulate commerce in foodstuffs and drugs generally, especially interstate commerce. It makes it a misdemeanor to manufacture or sell adulterated or misbranded foods,

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drugs, medicines, or liquors in any district or territorial possession under federal jurisdiction, and prohibits the shipment of such goods from one State to another. Punishment by a fine of $500, or by imprisonment for one year, or both, is prescribed, and in cases of corporations, officials in charge are made responsible. Its enforcement is intrusted mainly to the United States Department of Agriculture, although the co-operation of several other departments is provided for. —From "Food Science and the Pure-Food Question," by R. O. Brooks, B. Sc., in the American Monthly Review of Reviews for April.

Literary Note.

Timeliness of interest, aside from any other condition, lends especial importance to the announcement of the early publication of Foods and Their adulterations, by Harvey W. Wiley, M. D., to be immediately followed by a companion volume, Beverages and Their Adulterations. Dr. Wiley is chief chemist to the United States Department of Agriculture, at Washington, and his wide researches in the interests of purity in food commodities give anything he might write on the subject an authoritativeness that is unquestioned. The fact that the new National Food and Drugs Law becomes effective after January 1st, and that public interest in it is now at white heat, will no doubt result in quite a demand for both volumes. The books will be generously illustrated from original photographs and drawings.

Tetanus Neonatorum.

In a second article (Journal A. M. A., Dec. 22), reporting the results of their statistical study in addition to the one published in the Journal A. M. A., July 29, 1905, page 314, J. M. Anders and A. C. Morgan, Philadelphia, call attention to the wide distribution of infantile tetanus, its special frequency among negroes noticed by southern physicians and the terrible infectiousness of the disorder in local epidemics. They give the results of a wide correspondence with physicians in all parts of the country and a number of interesting details. They say that in the light of our accurate scientific knowledge of this disease, the necessity of absolute asepsis in confinement cases, and especially in the care of the cord, should be insisted on. To this end the registration of midwives should be required by law. The medical colleges should give more attention to the subject and instructions as to the simple methods of prevention should be sent out by boards of health, charity societies, etc.

Keratosis Obturans.

G. S. Ryerson, Toronto, Can. (Journal A. M. A., December 22), reports two cases of this condition, one of long duration and accompanied with deafness, loss of memory and of the power of attention, all of which were relieved by the removal of the growth. The other was an acute case, of interest on account of the similarity of the symptoms to those of mastoids. He remarks on the rarity of the disease; the cases described were the only ones met by him in his private and hospital practice of over a quarter of a century. In neither case did there seem to be any connection of the growth with middle-ear disease, though there was a history of suppurative trouble in both.

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Personal

Oregon.

Dr. M. J. Denny, of Portland, visited his father at Lebanon last month.

Dr. Chas. H. Francis, of Haines, was a visitor in Baker City last week.

Dr. R. E. L. Steiner, of Klamath Falls, was a recent visitor in Pendleton.

Dr. and Mrs. A. A. Finch, of Astoria, are on a trip through Southern California.

Dr. M. K. Hall, of La Grande, was a recent visitor with friends in Rainier.

Dr. Klamke, of Ilwaco, Wash., spent a few days with his wife recently in Astoria.

Dr. J. A. Giesendorffer, of The Dalles, was a Portland visitor last month.

Dr. Geo. W. Fanning, formerly of Harlem, Mont., has moved to Chemawa, Oregon.

Drs. Wood and Gavey, of Condon, have moved into spacious and elegant offices.

Dr. Mattie B. Shaw, of Ashland, spent the holidays with relatives at Fresno, Cal.

Dr. and Mrs. Pernot, of Corvallis, gave their friends a reception on New Year's Eve.

Dr. B. H. McCallon, of Dallas, has purchased a piece of business property for $6875.

Dr. John F. Watt, of Hood River, has purchased an X-Ray machine for use in his office.

Dr. C. J. Smith, of Pendleton, went last month to visit his father in Columbus, Ohio.

Dr. A. Tilzer, of Portland, reports the arrival at his home of the first heir of his family.

Dr. J. L. Hill, of Albany, was confined to his home some time last month with sickness.

Dr. T. C. Mackey has moved back to Harrisburg, after two years practicing in California.

Dr. and Mrs. Condon C. McCornack, of Portland, spent the holidays with their parents at Eugene.

Dr. F. A. Lieuallen, of Helix, was in Pendleton last month, assisting with some surgical work.

Dr. and Mrs. F. W. Van Dyke, of Grants Pass, have recently given a fine musical at their residence.

Dr. Aaron Mills, of Vernon, recently visited his family at Corvallis, where his children are going to school.

Dr. Harry E. Littlefield, of Newberg, could not resist the attraction of the Seattle-Multnomah ball game at Portland on New Year's day.

Dr. W. J. May, of Radium Springs, was in Portland last month, and had an operation performed for appendicitis.

Dr. Boyd M. Richardson, of Marshfield, and Miss Edna O'Connell were married on Thanksgiving evening at Marshfield.

Dr. G. W. Gregg, of Wallowa, took his family to Clarkston for a visit, mainly for the benefit of his daughter's health.

Dr. Mary E. Parker, of Portland, was married on the 19th ult. at Reno, Nev., to Dr. James T. White, of Bridgeport, Cal.

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Dr. T. V. Hall, of Lakeview, has been suffering from an attack of rheumatism, and has gone to California for the winter.

Dr. W. J. May, of Haines, Or., was operated on for appendicitis last month in Portland. He has completely recovered.

Dr. E. M. Anderson, of Sumpter, recently received a letter addressed to him that had been traveling after him for seven years.

Drs. Davis, Trimble and **Ellis**, of Albany, attended the meeting of the Willamette Medical Association at Corvallis last month.

Dr. Meissner, of Oregon City, who has been doing five months postgraduate work in Eastern cities, has returned to his practice.

Dr. Jarl Hagelstam, of Astoria, has left the United States and accepted a position as head physician in the hospital at Helsingfors.

Dr. H. R. Cliff, of St. Helens, recently visited his family at Seaside, where they spent some of the winter period watching the big waves.

Dr. and Mrs. Norman Lee, of Junction City, had the pleasure of having all their children to Christmas dinner. They had a happy reunion.

Dr. H. E. Beers, of Wasco, was a patient at the St. Vincent hospital last month. His many friends regret exceedingly to hear of his illness.

Dr. J. T. McCormac, of Marshfield, owns a log boom, which rumor has sai dhe has sold, but the doctor denies. It is too good property to sell.

Dr. W. H. DeVore, of Canyonville, has received commendation from the State Board of Health for his success in looking after the typhoid fever epidemic there.

Dr. Max M. Dittebrandt, of Milton, is mourning the recent loss of his brother, H. Dittebrandt, who died in Texas. The body was brought to Portland for interment.

Dr. Samuel C. Slocum, of Portland, and Miss Virginia De Lano, of Tacoma, were married on the 15th ult., at the residence of Dr. W. H. Dale, at Harrisburg. Until the completion of their new home at Twenty-second and Kearney streets, Dr. and Mrs. Slocum will stay at the hotel Oregon.

Dr. Alexander Hugh Ferguson, of Chicago, who has relatives at Roseburg, Or., has been awarded a commandership in the Order of Christ of Portugal, which is the highest decoration that King Carlos of that country can bestow. The decoration is awarded for "great talent in surgery."

Dr. J. W. Barnard, of Joseph, went on a ten day's hunting trip in the Snake river section in October, and one of the riders in the party was taken sick with typhoid fever while on the trip. The doctor immediately turned the cabin into a temporary hospital, sent for the sick boy's father, and stayed with him for 43 days, until he was out of danger.

Washington.

Dr. L. L. Porter, of North Yakima, visited Olympia last month.

Dr. E. A. C. Smith, of Latah, was a Waverly visitor last month.

Dr. W. E. White, of Colton, was a visitor in Uniontown last month.

Dr. Wm. Dietz, of Waverly, transacted business in Latah last month.

Dr. Wm. Dietz, of Waverley drove over to Latah to visit friends last month.

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Dr. and Mrs. Frank H. Luce, of Davenport, went to Spokane last month.

Dr. Wm. M. McCoy, of Wenatchee, visited in Seattle and Portland last month.

Dr. M. W. Harvison, associated with his brother, will open a hospital in Palouse.

Dr. W. A. Mosier, of Tekoa, has just moved with his family into a new residence.

Dr. L. M. Sims, of Kalama, was in Castle Rock last month, looking over the situation there.

Dr. H. J. Feich, of Ellensburg, had a siege of pneumonia last month. He has recovered now.

Drs. Dow, Coleman and **Godfrey**, of Chehalis, attended the medical meeting at Centralia last month.

Dr. J. A. Lung, of Chewelah, is spending the winter at Spokane. The doctor has become somewhat incapacitated for work of late.

Dr. P. D. McCornack, of Spokane, has had occasion lately to report to the police an attempted hold-up on himself, when he was out driving at night.

Dr. J. F. Cropp, of Walla Walla, was, last month, presented with a beautiful past grand jewel by the directors of the Odd Fellows Home, as a recognition of the services rendered by Dr. Cropp to inmates of the institution.

Dr. C. N. Suttner, of Walla Walla, administered a well-merited rebuke to a local paper for remarks it made which were characterized by unseemly humor concerning the death of Dr. Lapponi, the Pope's physician.

Dr. Chas. Doland has located for the practice of medicine at Spokane. The doctor is a son of A. W. Doland, a druggist, and has recently resigned the post of resident physician of the Pennsylvania hospital in Philadelphia, which posiiton he had held for two years.

Idaho.

Dr. J. E. Hoyt, from Minnesota, has located at Potlach.

Dr. Alfred Skippen, of Sweet, was a visitor in Caldwell last month.

Dr. and Mrs. D. D. Drennen, of Rathdrum, spent Thanksgiving at Spokane.

Dr. S. P. McPherson, of Chewelah, was called last month to Maud, on professional business.

Dr. Chas. E. Worthington, of Moscow, was married on the 5th ult., at Spokane, to Mrs. Erne Faulkner.

Dr. E. S. Prindle, of Laclede, has associated with him Dr. Hiatt, of Spokane. They will erect a hospital at Laclede.

Dr. L. S. Williamson, formerly of Parma, having returned from the East after taking a post-graduate course there of some months, has located at Boise.

Dr. Benjamin F. Campbell has located at Payette, Idaho. He is a graduate of the College of Physicians and Surgeons of Keokuk, Iowa; also of the medical department of the Northwest University in Chicago.

British Columbia.

Dr. John M. Lefevre, of Vancouver, who died recently, left an estate worth $366,000 to his widow.

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MEDICAL SENTINEL

FEBRUARY
1907

Volume XV **Number 2**

Notes

The South Idaho Medical Society held its quarterly meeting at Weiser on January 15th.

At Weiser, on the 15th ult, the quarterly meeting of the South Idaho District Medical Society was held, with a good attendance.

The Attorney General of Washington has given his opinion that it is the duty of a county physician to furnish medical aid to the indigent of the county, when necessary.

The King County (Wash.) Medical Society recently elected officers as follows: Dr. H. M. Read, President; Dr. P. H. Von Poole, Vice-President; Dr. H. Eugene Allen, Secretary; Dr. J. C. Moore, Treasurer.

The authorities at Walla Walla assert that the physicians of that locality are lax in reporting births and deaths. It is reported that some of the physicians are several months before they turn in their reports.

The Pierce County (Wash.) Medical Society recently elected officers as follows: President, Dr. G. D. Shaver; Vice-President, Dr. L. L. Love; Second Vice-President, Dr. S. Sargentich; Secretary, Dr. A. De Greene; Treasurer, Dr. Wilmot D. Read.

The average attendance at the Blackfoot, Idaho, Asylum during the past year has been 250. The attendance at the first of the year was 240. Dr. C. A. Hoover, the Superintendent, is very well pleased with the work done at the institution during the past year.

The Homeopathic Association of Portland is having plans drawn for a hospital, to cost $50,000. The sum of $35,000 has just been paid for the

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site. The money for the project was derived from the sale of land left to the association by the late H. W. Corbett.

At the last annual meeting of the Clatsop County Medical Association, the following officers were elected for the year 1907: President, Dr. O. B. Estes; Vice-President, Dr. A. A. Finch; Treasurer, Dr. R. J. Pilkington; Secretary, Dr. John M. Holt; Delegate to State Society, Dr. H. L. Henderson.

Indications are not wanting that the laws asked for of the Salem solons by the medical men of the state are not meeting with the favor that they desire. Members of the legislature, as well as the public, still need much education along the lines of understanding the needs of the public, in being protected from charlatanry.

BOSTON MEDICAL LIBRARY JUL 15 1908

The Oregonian gives cordial editorial approval of the address of Dr. E. A. Pierce, delivered before the Mothers and Teachers' Club of Brooklyn, last month. It was an excellent address on the subject of tuberculosis, which merited the attention and approval it met with. The health of the community will be greatly improved in many quarters if the suggestions of Dr. Pierce are carried out.

The Seattle Woman's Medical Club celebrated the first anniversary of the Club by a banquet at the Butler Hotel on the 16th ult. Dr. Sarah Kendall was toastmistress. Among the toasts were, "How to Be Happy, Though Married," by Dr. Mariette Marsh Armstrong. "The Matrimonial Epidemic and Endemic," by Dr. Maud Parker. The menu cards displayed a hen carrying a physician's satchel labeled "The Hen Medic."

The Bellingham Reveille has an editorial on Fake Doctors and Healers which is sensible. It claims that while the man who goes to fakirs is a fool, the law should be more carefully exercised on behalf of the fool who cannot protect himself, than on behalf of the wise man, who can. The paper adds: "A man's mind is often weakened by disease, and for him to be allowed to fall into the clutches of these harpies is no less than a crime."

The Spokane Medical Society recently elected the following officers: President, Dr. W. F. Morrison; First Vice-President, Dr. J. G. Cunningham; Second Vice-President, Dr. H. H. McCarthy; Secretary, Dr. Carroll Smith; Treasurer, Dr. Frank Rose. Members of the Board of Censors were elected as follows: Drs. Geo. K. McDowell, W. W. McKenzie and P. D. McCornack. A vote of thanks was passed to Dr. William L. Hall, the retiring President, for his effective work.

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The Lane County Medical Society had an interesting meeting on the 12th of July at Eugene. Drs. Yenney and Pierce of Portland and Professor Sweetser of the biological department of the State University were present. Among the many matters taken up and discussed were the water supply at Eugene, which has been a subject of much discussion during the past few months. Dr. Pierce made a strong plea for aid in securing an appropriation from the legislature for the establishment of a State Sanatorium for the treatment of patients suffering from tuberculosis of the lungs.

Dr. E. E. Maxey has compiled some interesting statistics of deaths at Boise during the past year. Last year there were thirty-one deaths from tuberculosis, which was ten more than from the same cause the previous year. Dr. Maxey criticises some of the physicians of Boise for their using obscure and meaningless terms in certifying the causes of death. He says: "It cannot be expected that a Chinaman will be more definite than 'spinal trouble,' 'lung trouble,' or 'dropsy;' but for the educated physician to attribute the cause of a death to such termed condition or to 'croup,' 'tumor,' 'abscess of bladder,' 'complications,' 'bowel trouble,' 'gathering in the heart,' 'rupture,' 'softening of the brain,' 'convulsions' or 'heart failure,' is beyond comprehension and inexcusable. Let us be more careful in diagnosing our cases, then if called upon to sign a death certificate we can at least have the satisfaction of having our patients die an intelligent death from an understandable cause. All of the above-mentioned obscure causes of death were found in the register of deaths in Boise for the year 1906, and most all of them were used by physicians."

A Letter from Dr. Florence S. Manion, who is now at Katzbachstr 21, Berlin, gives the Medical Sentinel the last report of the Anglo-American Medical Association in Berlin, which contains a list of the members for the year closng the summer semester of the University of Berlin. The association is well organized, and visiting physicians can be put in touch with their work as soon as they report to the society. Dr. Manion says she is having plenty of work, and seeing wonderful things in cerebral location with Oppenheim, and brain surgery with Krause. The Anglo-American Medical Association was founded in 1903, and its object is to further the interests of all British and American physicians coming to Berlin to study, to advise them regarding post-graduate work in the university, clinics and hospitals, and to assist them in finding comfortable locations. To medical men going to Berlin from every state in the Union, and from every section of the British empire, many of whom know but little of the German language, one can understand the incalculable value of this organization, which gives them on their arrival an opportunity to meet a body of their countrymen ready and willing to answer every question. The President is Dr. J. H. Honan, of Lutzowstr 78, Berlin, W.

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Editorial Notes

Sanitoria for the Tuberculous.—It is a little remarkable that in the crusade which is going on throughout the country against tuberculosis, a number of Indiana physicians have appeared in the newspapers as opposed to the project of an appropriation by the state for the establishment of a state sanitorium for these cases. It is argued by these doctors that the benefits of such an institution would not compensate for the expense to the taxpayers. This is certainly a very curious statement, and one would like to see what dozen doctors there are in the Hoosier state who would append their names to such a statement. When a state will sometimes go to an expense of tens of thousands of dollars—and rightfully so—to prosecute a criminal, it would seem that an expense of a few thousands to save lives—and to make other lives worth living—would be regarded as compensation for the cost to the taxpayers. It may be that the climate of Indiana is such that during some months in the year, open air treatment is impracticable. But if this is true, yet there are many months when it is entirely practicable, and during the cold months, a modification of the open air treatment could be provided by the physicians that would be much better than the home treatment the patient gets, or the treatment at such hospitals where they are permitted to stay. As the American Medical Association Journal says, in commenting on this matter, the existence of a sanatorium for the care of those suffering from tuberculosis in any state is justified by the educative influence it has upon the community, for there are lessons relating to infection which need sadly to be learned by the public.

Good Advice to Young Men.—In recent issues of The Medical Fortnightly, Dr. A. L. Benedict, of Buffalo, has been giving some exceedingly valuable "Talks to Recent Graduates," which talks contain advice that can be followed with much profit by the young man who is just starting out as a physician. One of the strongest of this series is one in which he tells the young doctor what sort of a man he should live with. A talented preacher once delivered an eloquent sermon on "the irrepressible man within"—referring to that entity, sometimes called "conscience," which stays with a man, more or less actively, all through his life. This is the man that the physician has to count on living with him, during his life, and Dr. Benedict asks if one wants to be tied down to an abortionist, or a person who is unethical, unwilling to live up to the conditions of medical respectability. Dr. Benedict pleads for breadth—for study—for keeping up with the advancement of the profession—and for making of oneself "a fairly good and conscientious doctor, a decent man, a gentleman, and an active, interesting fellow."

Water Supply.—One of the most serious problems that faces the municipal authorities of many large and small cities, is the matter of present and future water supply. The avarice of the ordinary individual who controls a part or whole of the lakes or rivers that are needed by various municipalities, is rampant; and while the courts will condemn land needed for public use, yet there are frequently great and almost insuperable difficulties for the authorities to face, before they have amply provided for the pop-

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the regularly paid and appointed authorities, have recently made a successful protest against the grants to a railroad which would have tended to impair the waters supplied to the city. While the protestants against the action of the railroad did not accomplish all they sought for, they did succeed in having the railroad move its tracks further back from the river than was at first intended, and accomplished something, if not all, that they set out to accomplish.

Nature has been prodigal of her gifts to man on the Pacific coast in the matter of pure, soft water. The individual members of the community are prone to carelessness and indifference regarding such matters. It is for the medical profession and the press to protect the public welfare, and it is gratifying to see that their voices are ever raised in protest against backward steps. Some of our smaller cities in Oregon and Washington have suffered seriously in general health, because they have neglected to provide themselves with the good gifts that Nature has spread at their feet, in the shape of a good water supply. They must be up and doing, or they will fail to achieve that material growth to which their locations and surroundings entitle them.

Shall the Doctor Dispense?—This ever interesting question, especially for the doctor who lives outside the large centers of population, is being discussed very fully by the editors and other writers for The American Journal of Clinical Medicine. That journal is on the side of the dispensing doctor. Not merely because it pays the doctor financially, but the patients like it—have more confidence in the medicines if prepared by their doctor—and the doctor has a better opportunity of watching the effects of

ulations under their care. Portland has been particularly fortunate in the matter of its water supply. Great as are the expectations of the residents of this city, as to its future population, the most sanguine have no fear that the eternal snows of Mt. Hood will ever be insufficient to supply all the reasonable needs of this city. The time may come when separate mains will be established for sprinkling purposes, and for fire protection, which can well be supplied from the Willamette river; and when this is done, the population of the city would have to reach into the millions before there would be a scarcity of water from Mt. Hood.

And yet, every now and again, a scare appears in the newspapers to the effect that some enterprising individuals have filed on the water rights of the city, and the intimation is given out that there is trouble brewing at the headwaters of the Bull Run river. Then comes the alleged explanation that the parties seeking water from the river that supplies Portland are only desirous of taking the surplus—what the city does not want. Even such an explanation tends to make us nervous, for there can be no divided control of the waters that supply the citizens of Portland. They must be controlled exclusively and altogether by the Portland Water Board or other representatives of the city. Any edging in of someone else will be but the beginning of a divided ownership that will have to be reckoned with in the future, to the grave detriment of the public. Some of our neighbors have had experiences that should be cautionary to themselves. Seattle is jealous of her water supply; and her physicians, who are ever ready to guard the health interests of the city, even more, it would seem, than are

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the medicines. He knows, in the first place, that his patient is getting what is indicated by the symptoms—something which does not always follow when the average country drug clerk handles the prsecription. The evil of prescriptions being refilled without the order of the physician, when they are no longer needed in the case; the evil of prescription peddling would be done away with. One contributor to this discussion insists that while the physician and the druggist should work together, the druggist does not live up to his part of the duty, and he drives the doctor to the preparation of his own prescriptions by the following acts: Counter prescribing, refilling of prescriptions, mistakes and carelessness in dispensing, substitution, selling patent medicines.

Epoch Making Legislation.—The Oregon legislature would go down in history as being an epoch-making body if it were to pass the law which has been introduced before it, providing for the sterilization of all those convicted of certain crimes—of the criminally degenerate and the incurably insane. In one Oregon family, there have been seven generations of feebleminded. Idiots and maniacs should not be allowed to perpetuate their strain. Society is constantly doing things that would appear to infringe the liberty of the individual, but it is society's way; it has been done ever since history began. It seeks, sometimes, clumsily, the greatest good for the greatest number. There are few thinkers who have not favored some measure which would stop this constant breeding of criminals and degenerates, who, when they come into the world, are a constant source of expense and trouble to the community. Half the murders that shock the world these days, the victims often being good men and women, valuable members of the community, are the acts of persons who should never have been born. We wish the Oregon legislators much success in their efforts to limit the output of the criminal classes.

Dr. McCormack's Work.—Dr. McCormack is keeping at his work of educating the physicians, and as many of the laity of the nation as he can reach. He recently had quite an ovation at the state capital of Alabama, where he addressed the joint assembly by special request. The Doctor is, doubtless, doing a great deal of good in his journeyings through the country. His prime object is to secure a thorough organization of the profession, and then a realization on the part of the public of the necessity of effective laws to suppress quackery, and to discountenance the "patent medicine" habit which prevails so generally. It is gratifying to note that the genial doctor does not seem to have aroused the criticism that he aroused in Oregon. Perhaps his Oregon experience gave him a much-needed lesson in diplomacy. In this state there is thorough loyalty to the American Medical Association and its aims, even though there may be some opposition to the spirit of monopoly that appears to actuate some of the leaders. But the constitution of the Association is right; the individual members scattered throughout the country have lofty aims, and any evils that may have crept into the management, will be righted in due course. In the meantime we can all afford to wish Dr. McCormack continued success in his campaign of education, and we regret that he is not at this time in Oregon, where he can talk to our busy solons at Salem. He could tell them some very valuable things that they do not appear to know.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

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MEDICAL EXPERT TESTIMONY

As a contribution to the discussion on the subject of medical expert witnesses in trials of prisoners whose plea is that they were insane at the time of the commission of the alleged crime, Dr. John M. Semple, of Spokane, makes an excellent suggestion. He would have a law passed by the state legislature providing for a special examination of physicians who wish to qualify on questions of insanity, and from these men who pass the examinations, the court should be allowed to select two or three to examine the prisoner before the trial. He would have licensed examiners examine a prisoner whose defence is insanity, and, if found sane, the trial should go on; if found insane, the prisoner should be committed to the asylum for insane criminals, if one is provided, otherwise to the hospital for the insane. But the indictment or information must stand against the prisoner until it is removed by the court.

These suggestions are all in the right line, and worth considering as a contribution to this vexed question. But lawyers who are paid to pick flaws in the state statutes for the fees they are trying to earn, will insist that their client might have been insane at the time he committed the crime with which he is charged, and have recovered subsequently, and at the time the examination is made by the commission appointed by the governor. On the strength of such a claim these lawyers will consider it within their rights, when the jury is in the box, and the defense has its turn in court, to produce witnesses who will outline the actions of the prisoner prior to, and after the crime was committed. The friendly witnesses will tell all they can conjure up in their minds that the prisoner did which would tend to have a suspicious appearance; and after these acts and words had been presented to the jury, the defense would insist upon its right to call more or less distinguished alienists, who had been sitting in court and had heard the witnesses testify, and ask them a few hypothetical questions, based upon the testimony given. The questions would be long and intricate, beginning about this way—"If a man, aged — years, who

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complained of sleeplessness, has a deep-seated belief, as given to his friends, that a neighbor is doing him grave wrong"—and so on, ad libitum, winding up with the query, whether such a man, if he were to kill the neighbor, would be mentally responsible for his actions? It is hard to see how, under the laws and constitutions of our states, which are extremely liberal to all persons charged with crime, the defendant's lawyer could be prevented from introducing such testimony. In rebuttal, the prosecution would ask hypothetical questions of alienists whom they had in court, listening to the testimony, direct and cross, which had been given by these friendly witnesses aforesaid, the purpose being to convince the jury that the defendant was responsible for what he had done, and should be punished under the laws.

There is the greatest danger lest a law which would appeal to the public generally and the medical profession as being fair to both prisoner and prosecution, and in the interest of the public welfare, would be antagonistic to some clause in the constitution of the state, which has reared safeguards against the punishment of the innocent.

QUACKERY TODAY AND FIFTY YEARS AGO

In these days of the twentieth centry, when we see on every hand marks and indications of tremendous progress, we are inclined to be a little startled at the discovery that so little progress has been made except in material things. Physicians and surgeons know more; but do they evince a higher ethical standard, or more professional and brotherly charity towards each other than they did half a century ago? Do the ministers of the gospel preach a purer gospel than heretofore, or are they more zealous for the welfare of the souls under their care? The newspapers are more progressive in some respcts—they publish more news and from a wider area—they spend a thousand dollars where formerly they spent dollars only—but is there a higher standard in their editorial or advertising columns? Look over the columns of the newspapers of half a century ago. There you will find advertisements of blood purifiers that claimed to cure nearly every disease known; specialists were ready without the aid of the knife to remove cancers and tumors; pills and potions were found at all drug stores at cut-rates then as now for the alleged benefit of suffering humanity; but false as were those claims, the claims of the advertiser today is even more tumultuous and false. The student of current events is apt to conclude that if there is any difference, the public press, which is chasing after the dollar with such avidity, is even less scrupulous today than it was fifty years ago. There is a sensationalism rampant today that we look for in vain in the files of the papers of 1850. There was a dignity then that does not exist today. The self respecting newspaper of today will not admit sensational advertising on its first page or its editorial page: but why does it not observe the same decorum on all its other pages? It will permit any "specialist" to say anything he pleases somewhere between pages 1 and 16 to exploit his services, regardless of the truth of his assertions, the theory being that the reader must himself sift the

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false from the true, and be his own policeman to prevent unlawful attacks upon his person and property. Thousands of persons are being robbed, systematically, by advertising quacks, and the only condition required of the newspapers to permit them to fill their columns, is that they shall have the money to pay for the space. This is prostitution of the public press with a vengeance, and this is a prominent feature of twentieth century methods.

It is true that occasionally a spasm of virtue breaks forth with volcanic like abruptness, and one section or another of the public press exposes the methods of patent medicine manufacturers, who are selling alchohol under the guise of a cure-all for most maladies. For a time certain well-known "medicines" that are found in every drug store have a hard time to square themselves with the public, because of the onslaught that has been made upon them. Here and there a state is found that has the courage to enact laws prohibiting the sale of quack preparations within its limits, but such action is so rare that it is conspiciouous and noteworthy. How many of the legislatures now in session will follow the example of North Dakota? Even there attempts will be made before the first week in March, to repeal the beneficent law which that state now has, although such efforts will fail. But what other states are possessed of sufficiently enlightened legislators to pass a similar law? When the census of such states is taken a month hence, it will be found that they are few and far between. The nation has not made enough progress on its moral side. What is true of this country is also true of foreign countries. In England especially, the religious papers even are readier than they are in North America, to accept advertisements of the quack and swindler. Whether the British conscience is not as fine, or whether the British medical men have been less energetic in their missionary work we are unable to determine; but the fact remains as stated.

Osteopaths in the Legislature.

Our osteopathic friends are nothing if not aggressive, and they are now in every state, striving to get legislation to suit them. So far we do not find that medical men object to their securing legislation any more than they would object to Turkish bath operators getting bills through they think they need. But the medical profession does most strenuously object to osteopaths, some of whom possess the most meager general education, and very little knowledge of medical science, posing as doctors before the public, learned in the art of healing. The medical profession contends that osteopaths practice medicine and surgery from a narrow and unscientific standpoint, and deceive the ignorant branch of the public on their qualifications. There would be no objection to osteopaths inviting the public to come to them with their ailings, if their colleges will demand a high school diploma or its equivalent as the minimum of entrance reqnirements; if they will demand a four year course of eight months each in professional studies; and if their graduates will submit to the same examinations as the regulars, eclectics and homeopaths in the fundamental and scientific branches in anatomy, physiology, bacteriology, chemistry, obstetrics, surgery and pathology.

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PRESIDENT'S ADDRESS

By S. E. JOSEPHI, M. D.
Portland, Oregon

Delivered before the Portland Academy of Medicine, January 10, 1907

FELLOWS:

The organization of the Portland Academy of Medicine sets another mile stone along the road of the medical history of our city and state—the fifth relating to medical societies.

The first milestone marks the organization of the State Medical Society in 1874; the second, that of the Portland Medical Society in 1884; the third, the formation of new and adaptation of already formed societies to to the plan of organization of the A. M. A.; the fourth, the development of a few independent societies of recent origin.

To establish and maintain a place among the medical societies of our city and state this Academy must occupy a high plane in its standard of ethics, of morals and of knowledge. In saying this I intend no reflection upon other medical societies. I am making no reference to comparative or relative virtues. I am drawing no invidious comparisons. Nor should it be necessary for me to state that I have no intention of being personal in my remarks; believe me, it is far from my thoughts; what I here say is general in its application. The Academy demands of us *absolute* virtues, and, unless we come near to the standard set for us, we fail to establish our right to found such an organization as this.

Charles Kingsley, in "Water Babies," presents us with two fairy characters, "Do as you'd be done by" and "Be done by as you did." Both types of the people we meet with in and out of our profession every day. To be ethical is not to be Pharisaical, is not to be fussy and finicky—it is simply to be a "Be as you'd be done by"—else each of us who is not such may surely expect, in the long run, to become a "Be done by as you did."

But while this academy must set a high standard of ethics in its broader sense, and lift its members up to its plane, if necessary, it must do far more. Ethics are but a minor part in its requirements. The major mission of this academy is to promote the desire for and the dissemination of such knowledge as, applied to the medical profession, shall prove of value to our fellows, both in and out of this organization.

That the world does not appreciate nor allow for the disinterested sacrifices of the medical profession in its efforts to help the race, is a

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truth as irrefutable as it is trite. Yet the history of medicine is full of examples of struggles over obstacles well nigh insurmountable, at the risk of personal loss and even of death itself, for the sake of a pure altruism.

Hippocrates, who gave to medical knowledge systematic form, did so only at great pains to transmit by word of mouth what could be given only in that way or by costly manuscripts. The teachings of Hippocrates, modified in only slight degree by Celsus, Aristotle, Galen and the Alexandrian School, were the accepted medical systems for twenty centuries. Indeed, during the dark ages, as says Haeckel in "The Riddle of the Universe," "not a single scientist dared, in the face of priestly and popular opposition, to make independent research into man's vital activity and transcend the limits of the Galenic system."

In the 16th century there arose a man, Andreas Vesalius, as courageous as he was talented and indefatigable, who was the pioneer in the movement for the study of human anatomy, despite the opposition of an intolerant and superstitious world. "Vesalius, knife in hand, at the risk of life and reputation, broke through old traditions in the search for truth." (O. W. Holmes.) Condemned to death as a magician, he only escaped by undertaking a pilgrimage to Jerusalem.

Many anatomists of the next three centuries devoted themselves mainly to a more accurate study of the human organism, though opposed by the spirit of the times. All this opened the way for the study of comparative anatomy, which the investigations of Cuvier, Meckel, Huxley and Darwin so greatly enriched.

What need to mention those many others who spoke to an awakening world the knowledge derived from their researches—Harvey and Pare, DeVischer and Van der Poll and Smellie, and a hundred others whose work is familiar to you all.

The brilliant achievements of little more than the century that lies behind us speak with impressive truth of the great gifts to mankind that have come from the medical profession, too often at the sacrifice of comfort and health and often of life itself. The work of Jenner in the prevention and modification of variola; the work in anesthesia of Morton and Warren in America and of Simpson in England which robbed the operating table of more than half its terrors. The discoveries of that grand chemist and biologist, Louis Pasteur, of the microorganism of anthrax and infected wine, led up to the revolutionizing of surgery by the application of the aseptic and antiseptic principles as promulgated by Sir Joseph Lister in 1869 and afterward modified by others. The discovery by Koch in 1882 of the bacillus of tuberculosis, led up to the important discoveries in 1892 by the father of the blood serum therapy, Emil Behring; discoveries that made possible the practical use of diphtheritic and other antitoxins, and whose influence for the future successful employment of many other disease immunizing serums will undoubtedly go on, in ever widening circles, until we may reasonably hope even that dread white plague, tuberculosis, will ultimately be conquered through its agency.

In Budapest there was unveiled the other day a statue of Semmel-

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weis. That young Hungarian who in Berlin about the middle of the last century did more than any other man to place the finger of knowledge on the plague spot of puerperal sepsis. Sure of his ground, he begged and implored his fellow practitioners for recognition of the truth. Met by bigotry and intolerance, despised and rejected, his reason dethroned, he died in a mad house, young in years but leaving the heritage of his self-immolation to a world that ultimately grasped the truth and benefited by his sacrifice. To the credit of our own country, be it said, one man of prominence, Dr. Oliver Wendell Holmes, lent the weight of his pen to the propagation of the same idea that possessed Semmelweis.

Fain would I linger to mention the valuable work of Ephraim McDowell, who staked his life on the result of an ovariotomy; of Marion Sims, despised and humiliated, knocking at the gates of the Paris hospitals for permission only to show what he could do in conservative gynecology; of that heroic figure, Walter Reed, through whose investigations and experiments with the self sacrificing private soldiers in Cuba was discovered the causative factor of the mosquito in the production of yellow fever; of the unremitting studies of Roentgen, leading to the discovery of the X-rays. These and many others throughout the world, but the time and the occasion forbid. I beg you to note, however, that in medical as well as in all history, the names that have inherited a blessing are of those whose self-sacrifice and self-forgetfulness have lifted up mankind. On the other hand, those who have been actuated by self-seeking, while they may have attained ephemeral success, have signally failed to reach the high mark of the world's sincere approval, and to earn the title of benefactors.

Fellows, the mission of this Academy is to uplift. Following in the footprints of those illustrious exemplars who have gone before, its members, as individuals and in a spirit of altruism, must strive to occupy a high plane in all that goes to make a man's work shine as a light for the guidance of others.

This Academy will be what its members make it, and no more. Let us not for a moment forget that merely calling ourselves Fellows of an organization which we choose to name an Academy will not make apparent the need for such a society. To assume a "better than thou" attitude and to practice an aloofness because we are, forsooth, "fellows of an academy," is to make ourselves ridiculous and unbearable.

I am sure there is on the part of all of us, a realization that to make good our claim that there is a place for this Academy we must *do things.*

As eligibility to membership is limited by a certain practical experience, papers prepared by our members ought to be enriched by the results of such personal experience which, in very many cases, is ripe and of great value. After awhile research work should claim a share of our attention and in due course, the establishment of a library and club rooms for the pleasure, profit and convenience of our members. All these things will take time to bring about. For the present we need be at a no loss for topics and work.

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Prevention of disease is the highest function of the physician, and adequate prevention can be accomplished only with the co-operation of the public. Ignorance must be overcome, and the only way to overcome ignorance is through education.

One of the great missions of this Academy is to thus educate. The field is broad. The medical world of investigation today is especially occupied with the continued search for an efficient weapon against tuberculosis; for light on the nature of cancer; for the best methods of education on the line of prevention of venereal and allied diseases, and of abortion and illegitimacy; for knowledge of the true nature of infections, as related to and governed by cytolytic action; for the sequential relation of malignancy to unoperated fibroids; and in many other directions will it occur to you that light may profitably be thrown.

But, gentlemen, whatever we may do in any direction to place this Academy upon a sure foundation and to promote its perpetuation, let us not forget that old truth, "No man liveth to himself." What we speak and what we do influence in *some* degree the lives of others. Every word and deed falling upon the river of life, cause waves whose influence is carried to the remotest shores of time. This influence may be important, or it may be insignificant, but we can never know what it ultimately will be. Once launched, it is beyond our control. This truth should be a beacon in our strivings for the substantial things of life.

Money and fame are good things in their way, but they are not the best things in the world; without honor they turn to ashes. Honor should be the watchword of this Academy. It can have no more honor attaching to it than is brought to it by each individual member. It behooves us, then, each for himself, to see that the honor of this Academy shall remain unsullied. In addition, let each member feel that upon his presence and punctuality at meetings, upon his promptness and faithfulness in the discharge of academical duties, upon his contributions to the literature of the Academy, depends its success.

Nourished and upheld by such a spirit, it cannot fail to exert an uplifting influence in this community. It cannot fail to make a place in the roll of its membership a goal well worth the attaining.

The surgeon should not wait for redness before making a diagnosis of palmar abscess. Owing to the density of the fascial structures this sign is often lacking in the early stages.—American Journal of Surgery.

In the treatment of hand and finger infections, it is very important to release from bandaging as much and as many of the fingers as possible, and as soon as possible, The habit of bandaging up immovably all the fingers, in a treatment of a lesion of some of them, saves the surgeon time but, except in short cases, it often cripples the hand by stiffening the fingers.—American Journal of Surgery.

If a bubo shows no sign of disappearing under wet dressings, ice bags, etc., and evidences of suppuration are developing, it is better to make a clean dissection and excise the gland without opening it than to incise and drain.—American Journal of Surgery.

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SURGICAL ANATOMY OF THE MASTOID ANTRUM

By CHARLES W. SHAFF, B. S., M. D.
Lewiston, Idaho.

Read before the Idaho State Medical Society, October 4, 1906

The scope of this paper will not attempt to include the minute descriptive anatomy which is found in all text books on that subject, but will rather endeavor to briefly deal with the topographical features of interest to the surgeon when confronted with conditions calling for the opening of the mastoid antrum.

If a horizontal line be drawn backward from the superior and posterior attachment of the zygoma, and a vertical line erected from the anterior surface of the tip of the mastoid, the intersection of these lines will approximately, and for all practical purposes, locate the antrum.

While the direction of the petrous portion of the temporal bone is, from a transverse line, fifteen degrees forward, the auditory canal is seldom more than eight degrees, and it is this latter inclination which must be followed in excavating for the antrum. If a line be drawn tangent to the masto-squamal suture it will, on an average, be seven millimeters higher than a plane which passes through the posterior border of the suprameatal spine, and, measured from the latter, the antrum in the adult skull is much more often less than it is more than fifteen millimetres below.

The guides most always given to govern the assault upon the antrum are the suprameatal triangle, and the suprameatal spine—sometimes called Henle's spine. The suprameatal triangle with its base bounded by the posterior superior wall of the bony meatus, would probably be sufficient were it not for the constant welling up of blood during the operation which obscures its definition. Henle's spine is usually, but not always, constant. Instead of containing the pointed projections easily found by touch there is, instead, a smooth blending with the bone posterior which almost defies recognition. There is, however, an always constant and infallible guide found in the posterior attachment of the zygoma. If the operator, after making the incision down to the bone, will push off the soft structures sufficiently forward he can pass his index finger to this attachment, which he finds is horizontal; keeping the finger pressed firmly against this bone while drawing it directly backward it comes to a point where the horizontal line loses itself in the curve which forms the posterior wall of the osseous canal; this tangent, as it were, terminating in an arc, invariably marks the posterior superior boundary. An inspection of the temporal bone will at once verify the simplicity

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and helpfulness of this guide, which, so far as I am aware, has not been made use of by writers on this subject. It is this line above which no one should extend his field of excavation, for the temporal lobe is always as low as this line.

The three important structures one tries to avoid are the brain, the knee of the sigmoid sinus and the facial nerve.

Keeping below the line of the linea temporalis gives the brain a safe berth. The sigmoid is avoided by keeping the excavation parallel with the posterior wall of the osseous canal. Buck uses a small retractor placed in the canal, which, when so placed, the top projects up like a post, and thus giving to the occasional operator an excellent guide to its location and direction. The excavation's anterior border should be confined to within three millimetres of the posterior wall, and, unless the mastoid is very small and diploeic, the sinus will escape injury. It is true that its occasional nearness to the route to the antrum makes its penetration unavoidable, but by using the chisel parallel to the cortex; its approach is signaled by uncovering the dura and in case it be opened it can be effectually tamponed with iodoform gauze and the operation continued.

Mastoids are usually spoken of as pneumatic, diploeic, and sclerotic or eburnated. The pneumatic condition is best exemplified in large mastoids. In these the cortex is often quite thin and the partitions uniting the cells are easily broken down on the way to the antrum.

The diploeic belong usually to the small mastoids, and it is often difficult to tell where the cortex ends and the cell structure begins. Sclerotic or eburnated mastoids always have a history of many, or several years, at least, of chronic suppuration. This eburnation goes on at the expense of the mastoid cells and also at the expense of the antrum itself, and when opened is found to be very small. Eburnated mastoids are the most difficult and require the most care to open, and the work can be most accurately done by using a curved chisel ground to an edge on its concave side. This gives the operator a better control over the amount of bone chip he wishes to remove.

At this time it may be proper to call attention to the difference between the mastoid of a child, and that of an adult. At birth there is no mastoid process, but an indefinite thickening of the mastoid portion of the temporal bone. This thickening continues externally and downward and eventually becomes the mastoid process; and in the infant, just beneath the cortex, there is a single mastoid cell which is really larger than the adult mastoid antrum. This cell is easily entered by passing through a thin cortex. This condition obtains up to at least five years, and sometimes several years longer.

Mention should be made in this connection of the masto-squamal suture, which communicates with the tympanic cavity and which does not usually become ossified until the fourteenth year. This affords an easy exit for pus forming behind the drumhead, and through this irregular channel thus afforded, it reaches the external surface of the bone over the mastoid region dissecting up the structures overlying and forming a tumor easy of recognition and easy of relief by an incision down to the bone.

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The facial nerve lies entirely within the petrous portion of the bone, and deeper as it passes from within outward, and is most liable to injury between the antrum and the attic, where its covering is very thin, and is sometimes absent. It may be also exposed to injury at a point more external where the bone has become softened from disease. In the latter event, it is better to expose the nerve at a convenient distance from the middle ear by opening transversely its bony roof until it is found. Its covering can then be removed from without inward and at the same time keeping the nerve in constant view. The portion of bone traversed by the facial nerve is ordinarily much harder than that on the direct route to the antrum, and by keeping entirely above any portion of bone which lies beneath the posterior superior quadrant of the osseous canal the nerve will be avoided.

Text-books, as a rule, recommend that when the antrum is reached the superior part of the excavation should be enlarged until a probe drawn from the antrum's roof passes smoothly out and does not dip at any portion. While this holds generally true, I have found that on three different skulls this procedure would open the floor of the temprosphenoidal lobe of the brain. The auditus ad antrum joins antrum and attic at their superior aspects, a tube connecting two tanks at their upper levels. This explains how pus, unless it reaches near the roof of the antrum, has no opportunity of being drained through the auditus to the attic and from thence to tympanum and finally c nt through the eustachian tube. The roof or tegmen antri is very thin and fragile, and any harsh curettage is apt to tear through the bone and enter the brain, and the same may, with equal emphasis, be said of the posterior wall.

In front of the antrum, and on a lower level, are the horizontal semi-circular canals; these canals are enclosed in the promontory recognizable by its form and by its harder structure. As the antrum lies considerably exterior to the tympanic cavity, a probe passing from one to the other (a point to be remembered when trying to ascertain if antrum has been opened) will travel diagonally.

When the antrum is opened the various recesses and projections of interest cannot be brought simultaneously into a light field. While some objects are plainly seen, others are in more or less shadow, and for this reason it is desirable to avail one's self with a head mirror, that all parts may be quickly brought under scrutiny without being obliged to manoeuvre for better illumination.

The situation of the antrum between the great blood currents of the head compels the operator to prosecute his excavation at the bottom of a cavity for the most of the time hidden, and in removing this blood from the operative area I have found nothing so rapid and complete as pledgets of dry, sterile absorbent cotton. The blood from the external incision is seldom a matter of embarrassment without ligatures, and if immediate traction is made on the flaps as soon as the incision is carried down to the bone, by the time the periosteum is sufficiently elevated the pressure from the retractors will have controlled the bleeding.

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THE VALUE OF BLOOD EXAMINATION IN SURGERY

By R. I. NEWELL, M. D.
Spokane, Wash.

Read before the Idaho State Medical Society, October 4, 1906

The problems of hematology have enlisted as investigators many of the most noted pathologists of modern days (Verachow, Cohnheim, Schultze, Ehrlich, Muller, Hayem, Neusser and others) and yet with all their work upon the subject, there are as yet many unanswered questions. A vast store of material has been collected, showing the changes the blood undergoes, in various pathologic conditions, and, after all, it is these changes which are of the greatest value to the surgeon in prognosis and diagnosis. There is probably no one department of clinical diagnosis in which such rapid advances have been made as in the systematic examination of the blood. The value of such an examination depends upon the accuracy of the technique and of the correct deduction of the facts found. No surgeon should, unless under most urgent circumstances, operate without first examining the blood. Some of the facts which a blood examination will reveal to him are the coagubility, which, as you all know, is greatly diminished, in such conditions as hemophilia, jaundice and pernicious anemia, in which cases one would be forwarned against severe capillary hemorrhage. The hemoglobin is also a most valuable index of the patient's condition; many surgeons requiring, where the operation can be postponed, that by medical and dietetic means the hemoglobin should be brought to at least thirty per cent.

In regard to the regeneration of the blood, it has been observed that after operations for malignant diseases, the blood is slower in regenerating and never reaches as high a point as before the operation. After ordinary operations the blood regenerates in from five to twenty days. Failure to do so generally indicates malignancy or hemorrhage, one of the earliest signs of the latter being an increase in the leukocytes and a decrease in the red cells and hemoglobin. Other conditions being equal, slight hemorrhage has a tendency to stimulate the blood-forming organs.

The counting of the red corpuscles is often of value in making out obscure hemorrhage, as in trauma of the liver, spleen or kidney; ruptured aneurism; ectopic gestation; and in the differentiation between hematothorax and pleurisy. In case of shock the red count may distinguish between that form of cerebral anemia, following hemorrhage and the type caused by compression or concussion.

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In counting the red corpuscles after hemorrhage, it must be remembered that at first only the quantity and not the quality is altered; thus immediately following hemorrhage, the count may be normal. The alteration in the blood takes place with the absorption of the fluids from the tissues, thus diluting the corpuscular element, and by the degree of dilution may be estimated the amount of hemorrhage. In this connection let it be stated that often valuable information may be obtained by the examination of a fresh specimen, as it gives at once the course to be pursued in future examinations. As a point of differentiation we may mention the Widal in typhoid, the test of Williamson in diabetes or that of Justis in syphilis.

Numerous bacteria are often found in the blood and may be useful at times in giving prognosis or making a diagnosis, as when tubercular bacilli are found in the c irculation. It is an evidence that we are dealing with the miliary type of that disease. Of no little prognostic value are cultures made from the blood in septic and pyemic conditions; the presence of the staphylococcus pyogenes aureus or the streptococcus indicate a fatal termination.

Before speaking of leukocytosis it would be well to remember the physiological conditions in which a leukocytosis may be found; as in the newborn infant; during gestation; after exercise, massage and eating. The absence of the digestive leukocytosis normally met, should make us suspect some lesion of the gastrointestinal tract, though it is not pathognomonic of gastric carcinoma as it was once supposed.

In inflammatory conditions, appendicitis, abscesses, pyosalpinx suppurative condition and other pathological processes which fall especially within the domain of the surgeon, we feel that the determination of the number of leukocytes and their varieties is of great importance. Generally speaking, leukocytosis is one of the body's expression of reaction against any inflammatory process. In conditions where the body resistance is good, the degree of leukocytosis is an expression of the virulency of the infection. In this condition, perhaps, more than any other, the diminution of leukocytes, especially when all the other clinical symptoms point to an active process, is a sign of grave prognosis. The systematic counting of leukocytes will thereore aid us in determining whether the process is declining or advancing, and whether or not operative measures are indicated. This is well shown in typhoid cases which are complicated by perforation where we find a steady increase in the leukocytes from five to seven thousand up to between fifteen and thirty thousand, and it is well to note that this characteristic change is often demonstrated before any other marked symptoms may occur. In the early recognition of appendicitis the above is true. Bloodgood insists especially upon making frequent blood counts and a rapid rise of leukocytes is, according to him, imperative of operative measures.

The counting of leukocytes is independent of the amount of pus present or its location being modified by the virulency of the infection and the resistance of the patient. Occasionally it may be absent, owing to the sterility of the pus or where the pus has been walled

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off. In these two forms the absence of leukocytes signifies that the process is at a standstill. In post operative temperatures the leukocyte count will show whether they are of nervous origin or due to defective drainage or peritonitis. The foregoing is but a brief outline of a few of the facts and conditions of the blood which are placed in the surgeon's hands to aid him in his diagnostic and prognostic judgment. The examination of the blood is no more a branch of medicine than it is of surgery. It is simply a department of clinical diagnosis, and clinical diagnosis belongs alike to both. Blood examination is one of the great sign boards pointing out the way, and it only remains for us to read aright this great clinical pointer.

The Digestive Bead Test.

M. Einhorn, New York City (Journal A. M. A., February 2), again describes his new method, originated at the beginning of 1906, of giving the patient, in a gelatine capsule, beads with various food substances attached and examining the stools, at longer and shorter intervals, to ascertain whether or not the substances have been digested. He usually employs the following six substances: Catgut, fish bone, meat, potato, mutton fat, thymus gland. The first two are usually digested in the stomach, the others in the intestines. With regard to the functions of the digestive apparatus, the following conclusions are drawn: If all or most of the beads reappear before 24 hours there is an acclerated motility; if, after 48 hours, a retarded motility exists, if only tracts of fat and thymus or fish bone remain, the digestion is good; the reappearance of meat and potato, much fat or thymus, indicates poor digestion, and if all the substances appear, the digestive function is aboslutely bad. He has recently used this test in a number of cases, in various conditions of health or disease, and discusses the tabulated results. These table, he says, show that the test gives a thorough insight into the relations of the functions of the digestive apparatus. More study, however, will be required before they can be used diagnostically. Einhorn has previously shown that catgut is occasionally digested in the intestines, and these later experiments seem to show that fishbone may also be thus digested in rare instances. He therefore instituted experiments by suspending pieces of catgut and fish bone by a silk thread in the stomach, and withdrawing it after certain periods. This experiment seemed to show that excessive acidity of the gastric juice retards the disappearance of the catgut, and other experiments showed that catgut is occasionally digested in the intestine, and that trypsine has occasionally a digestive action on fish bone. He is also experimenting, to ascertain the value of the method of determining the presence or absence of HCl. He gives detailed directions for preparing the food beads, and remarks that while the test is of value, when a more thorough knowledge of the functions of the digestive apparatsu is desired, it is not permissible with pronounced stenosis of the digestive tract, or with stricture of the esophagus, stomach and intestine.

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DIARRHOEA IN INFANCY AND EARLY CHILDHOOD

By ALEXANDER HUNTER, M. D.
Kendrick, Idaho.

Read before the Idaho State Medical Society, October 4, 1906

It is estimated that about one-half of the numerous deaths of the first year of life is due to diarrhoea of some form, and, while it is not so fatal after this period, it still claims many victims.

ETIOLOGY.

The cause varies very much. Conditions and agencies that would not be felt by adults, frequently set up increased evacuations in childhood. A large per cent of diarrhoeas occur during the months of July and August, so heat both directly and indirectly is an important factor. Irregularities of feeding along with improper food are the most frequent of all causes. Food that cannot be digested ferments and becomes an irritant, setting up a diarrhoea, and having, in all probability, a vital relation to the development of virulent micro-organisms from the normal intestinal inhabitants. Over heated, stuffy rooms, kicking off the bed covers during the night, thus "catching cold," may be the starting point of a diarrhoea. Another cause we would like to lay a little stress on, because it is so frequently overlooked among the laity and unnoticed by attending physicians, is a deficient amount of sleep, thus lowering the normal body resistance to infective germs and allowing, possibly, a development of virulent, from the normal intestinal bacteria. A child up to three years should sleep twelve hours at night, with a morning and afternoon nap of an hour or more, and from three to six, ten hours at night, with a sleep of one to two hours in afternoon.

Impure air such as exists in poorly ventilated rooms, unsanitary out-door yards—such as too close proximity to manure piles, filthy closets, slops or other refuse allowed to lie and accumulate at back door, all help in a marked degree to set up intestinal disturbance.

Smith cites an instance where, one hot summer day, a bad odor was detected coming into the childrens' ward of the hospital, and on investigation it was found that a manure pile in a neighboring garden was being overturned. That same day four children of the ward were seized with diarrhoea and one died.

SYMPTOMS.

These vary according to the severity of the disease. In the light form malaise, poor appetite, irritability, possibly some vomiting, with a few loose movements ,may be all the symptoms that one would notice,

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while the severer form may begin with convulsions, uncontrollable vomiting, temperature ranging from 102-4, pulse 150-180. The diarrhoea may not manifest itself before the second or third day of the disease. If the infant is fed on milk the stools are likely to contain curds. Tenesmus may be present, and if diarrhoea continues long it is not unusual for movements to contain some blood. In the choleraic form the picture is somewhat different. Onset is more marked and sudden, vomiting is apt to be severe and persisting. The stools at first containing faeces, soon become watery and almost odorless. Pulse is rapid, face pale and pinched. Altogether the picture is one that sends a pang to the mother's breast and causes the attendant to feel how poorly armed he is to fight such an enemy.

DIAGNOSIS.

Scarlet fever sometimes is complicated with diarrhoea but the sore throat, peculiar vomit and rash soon clear up doubts. Diarrhoea accompanying typhoid at times is quite difficult to differentiate and may even require the microscope. One should also keep in mind the possibility of grippe beginning with vomiting and diarrhoea.

TREATMENT.

A considerable per cent of diarrhoea can and ought to be prevented by greater effort on the part of physicians to instruct the laity in the urgent need of better sanitary conditions around each house, more care in preparing food, keeping flies off all food and out of the house and keeping sleeping room sufficiently aired and quiet that enough of rest is secured.

While we do not suffer with the heat here to the extent they do in large cities, and are somewhat removed from the cool ocean breeze, we have our pine-covered hills to which we can with advantage take many of the more protracted cases, where it is cool, but more than all away from the atmospheric impurities of civilization.

The usual routine of giving small divided doses of calomel followed by castor oil, and in case of infants, stopping of all milk and substituting barley, rice or albumen water, is still the best treatment and all that is needed for mild cases.

Bismuth subnitrate is a safe and effective remedy but generally given in too small doses.

Arsenite of copper 1-100 gr. in 4 oz. mixture and given in teaspoonful doses every one-half hour for ten doses and then every hour, will help in addition to bismuth. High rectal injections of normal salt solution, twice a day, in cleansing bowel, removing germs and gas, and refreshing patient by supply of fluid, is one of the best means at our command for practically all cases.

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GELSEMININE

By R. J. SMITH, M. D.
Smithfield, Uash.

Gelseminine is another example of "the most dreaded poison becoming the best medicine." It is the alkaloid to which must be attributed the medicinal virtues of gelsemium. The concentration gelsemin is not always reliable, but yet much to be preferred to the galenic fluid extract and tincture. The pharmacopeia requires these to be made from the dried rhizome and naturally the result is mighty uncertain and unreliable. Where uniformity of action is desired, gelseminine should be used.

Being poisonous in comparatively small doses, only very small doses, 1-250 gr., should be prescribed, repeating often until relief is obtained or the symptoms of drug sufficiency are shown. These are dizziness, muscular weakness, drooping of the upper eyelids, numbness, slowing of the pulse.

The indications for the use of this drug are flushed face, bright eyes, contracted pupils, great heat, restlessness, sthenic fevers. With these symptoms present, gelseminine should be given, disregarding the disease present or impending. It acts particularly on the cerebrospinal conters, depressing and sedating their action. It is the great antineuralgic, specifically acting on the trigeminus. It is antispasmodic and has a great field of action in all spasmodic affections. It is sedative and thus indicated in "irritable nerves," nervousness, cardiac irritability, nervousness of labor, after pains.

In many cases the physiologic action must be apparent before much improvement occurs, as dilated pupils and muscular languor.

This drug has been called "unreliable and dangerous," but this statement must have referred to the galenicals, for within its range of action, gelseminine is reliable and uniform in action, and poisoning can only occur by administering too large doses. With this alkaloid, as with all dosimetric remedies, small doses often repeated until remedial or physiologic effect is the only accurate, safe method.

In the sthenic fevers of children, gelseminine is frequently indicated, and safe. In spasms, laryngismus, chorea, gastrointestinal inflammations, bowel colic, cholera infantum, in dentition, it is rapid in action and gives sure relief. In tetanus of the newborn, infantile rheumatism and meningitis it is given successfully. In convulsive and spasmodic coughs, it is of value.

In adults, full doses must be given. In neuralgic attacks, it is the paramount remedy. In migraine, ticdoloreux, facial neuralgia, in myalgia with macrotin, it is almost specific. In ovarian neuralgia, prescribe it with anemonin, as also in ovaritis and all pelvic maladies of women. In dysmenorrhea of spasmodic origin, it affords rapid

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relief. In rigid os with thin edge and dry secretions, especially if patient is excitable and nervous, it is prompt and assists the action of caulophyllin in these cases. In the communicable diseases, it allays heat and restlessness. Given with strychnine, it is successful in the treatment of influenza.

In wry neck with severe pain, combined with macrotin if there is muscle soreness; in pleurisy, combined with bryonin; in pneumonia with spasmodic cough, full bounding pulse, great restlessness, flushed face and dry secretions; in "after pains," puerperal fever, puerperal mania, puerperal metritis; in all these it is of great repute.

If given when indicated, and to children with care, as they are more susceptible to its action than adults, it is one of the most important drugs in the materia medica. It is quick in action and rapidly eliminated.

It is not so universal a remedy in fevers, nor so safe, as aconitine amorphous, but if given in small, frequent doses, it is free from poisonous effects.

Effect of Alcohol on School Children.

As a result of investigations on the moral, physical and intellectual conditions of school children, T. A. MacNicholl, New York City (Journal A. M. A., February 2), finds that the disabilities from environment are exceedingly marked, especially in city children, and that the drinking habit among children, especially those of foreigners, is far too prevalent. Out of 34,000 children in good circumstances, 73 per cent. were abstainers, 23 pe rcent. beer drinkers, 4 per cent. spirit drinkers, including wines. Out of 6879 children in poor circumstances, 50 per cent. were abstainers and 4 per cent. drinkers of beer and spirits. Of this class, 36 per cent. of the American born and 50 per cent. of the children of foreign parents drik. Of the driking Americans, 9 per cent. had foreign-born parents and great grandparents. Of the well-to-do children, 68 per cent. have abstaining parents, of the poorer children only 15 per cent. Of 12,919 dullards among the well-to-do class, 9689 had drinking parents. Of the 3195 dullards among the poorer children, 2715 had drinking parents. The effect of alcohol in producing organic disease in the children are also noted. He finds that the alcohol habit, superadded to the stress of modern life, puts an increasing strain on each succeeding generation. The poverty due to money going for drink adds to the burdens of childhood and an alcohol environment is directly unfavorable. The train of psychic and organic degeneration from alcohol in the offspring threatens the stability of our country by producing diseased and criminal citizens, and to remedy the condition MacNicholl holds that we should continue to give scientific instruction in the fullest degree as to the effect of alcohol in our public schools, increase the means of rational recreation and generally improve the environment as well as employ all other methods that will lessen the deteriorating effects of alcohol and other causes of degeneracy.

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Medical Societies

Portland City and County Medical Society.

The City and County Medical Society met in the Auditorium of the Chamber of Commerce Building, December 19, 1906, and was called to order by the President, Dr. R. C. Yenney.

The minutes of the previous meeting were read and approved. Members present: Buck, Grant, Hickman, Hamilton, House, Hill, Johnson, A. H., Marsh, Marcellus, McCusker, Nunn, Pierce, Short, J. M. Short, F. A. Smith, R. C. Yenney. Visitor, Dr. Jones.

Dr. J. M. Short read the paper of the evening, viz: "Primary Uterine Displacements." The uterus lies below the abdominal cavity, below a straight line from the superior borde of the symphysis pubis to the sacral promontory. It lies in front of the rectum, behind and slightly anteflexed upon the bladder. It lies above the straight line from the center of the sacral connecting to the lower border of the symphysis pubes, above the vagina with the long axis forming with the axis of it an acute angle. Every deviation from this position constitutes a displacement. To support this body we have in order of their importance: 1st, pelvic floor; 2nd, the pelvic organs; 3rd, retentive power of the abdomen; 4th, uterine ligaments.

Displacements may occur as follows, by upwards, downwards, backwards forward or lateral movements, by torsion, flexion, version or inversion. Some of the antiflexions are considered physiological, except when causing painful menstruation, sterility, endometritis, then the treatment may be medical and surgical. If, however, the anteflexion exist in a congenitally rudimentary uterus, then the physician directs the treatment to the relief of the nervous symptoms and pains. He generally finds his skill inadequate, but one should hesitate in giving an early opinion in such cases. The doctor recites one case where he was called to see a nineteen year old girl suffering from hystero-epilepsy, accompanying the menstrual period. He examined her and found a rudimentary antiflexed uterus; advised marriage, giving, however, a discouraging prognosis. She was married and delivered in two years of a healthy child, within two years later again of twins. The mother has no more attacks and the children are healthy. Inversion may occur by delivering the placenta, and does occur by dragging down of the uterus or by large protruding polypi. Restored while yet the cervix there is little trouble, otherwise surgical attention is called for. Posterior versions and flexions are by far the most common displacements we have to deal with. Such treatment as the knee and chest position is called for; hot douches and the like are found useful, as well as mechanical devices such as the Thomas or Hodge hard rubber pessary. The author called attention to a support he has found very satisfactory—it is made by packing lamb's woll in a thin rubber coat which is easily placed in position and easily withdrawn, the rubber keeping the packing unsoiled. Nervousness as well as constipation are to be looked after, as well as the general health. Prolapse is where we get the evils that come from a laxity of the pelvic floor. Not only is the uterus displaced, but it drags with it the rectum and bladder, and at times some

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of the abdominal viscera. Treatment is to replace and to support by some mechanical support, improve the pelvic as well as the general health. Surgical treatment is such as ventro fixation, suspension, the Kelly method seeming the favorite. The various operations upon the ligaments are in the right direction. Wylie and Mann, Murphy and Dudley of Chicago have each their way of doing this work, but possibly the one that holds as being the most popular is Alexander's, which is employed in shortening the round ligaments. All cases of uterine displacements are governed by two principal factors, namely, the degree of the lesion and the nervous and physical stamina of the patient.

Discussion.

Dr. L. H. Hamilton said that he considers that most of such cases are due to improper care, to obstetrical cases during confinement, such as repairing perineal lacerations, lacerated cervix, etc. The patient should report to your office for inspection soon after her confinement and be examined thoroughly for anything abnormal. The pessary, he says, is not usually satisfactory. He thinks the Webster's operation rather successful, but never had any experience with that of Alexanders.

Dr. L. Buck said that the paper was very good. He thinks that extra abdominal pressure one of the chief causes of displacements, but that he always suggests operation when needed, and that suspension is good in some cases, but not in all.

Dr. M. B. Marcellus said that he would like to lay stress upon the introduction of the pessary; said that he had seen men of vast experience work for a long time in introducing them and getting them to fit, the procedure being a difficult one. It should be introduced so that the transverse vaginal bar acts as a rope over a pulley.

Dr. Wm. House said that he has frequently met with such cases as displacement in nervous women, and he has hardly ever seen a case of neurasthenia who has not had a displacement. He called attention to the straight front of modern women, and thinks that her garters being attached to her corset and pulling from the front has something to do with such trouble. He called attention to the mother being allowed to rise too soon after confinement. He thinks the Alexander operation most popular in the East, and is the most satisfactory, especially when uncomplicated.

Dr. E. A. Pierce said that he found the displacements chiefly follow obstetrical cases. He thinks not enough attention is given to the rest cure following confinement. Women should be kept in bed until strong, built up by tonics. Where abdomen is pendulous, abdominal bandage-examination from time to time.

Dr. Short, in closing the discussion, called special attention to prime lesions, which should be given definite and permanent relief.

Cases in Practice.

Dr. Richard Nunn reported a case where a man was shot in the eye with birdshot while shooting ducks. He was shot in the morning. He saw him late in the evening. He could see some of the eye. Test was satisfactory; turning back the upper lid, he found the point of exit downwards. The shot was found in the lower lid, picked out and given to its owner as a souvenir. He claims to have been shot in the abdomen at about 60 yards, which, however, did not penetrate his clothing, but throwing back his head the spent shot hit him in the eye.

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Dr. L. Buck deported a peculiar case at the hospital of typhoid fever, abdominal pain being the most disagreeable symptom. He thought it appendicitis, but is doing well now.

Dr. Short said he had seen several such cases, and that the diagnosis was hard to make between these two diseases.

Dr. Marsh reports a case of carcinoma of breasts in a woman 41 years old. There was a hard lump in the right breast about the size of an orange; retraction of the breasts. She had refused to see a doctor, because he might advocate operation. She has worked very hard—even done work in the field. Down upon the left side and surface of the left lung she has much pain, associated with shortness of breath, which came on about four weeks before she was seen. The only sickness she ever had was erysipelas nine years ago. She has one child. Examination T. B. negative. Peculiar part of case is dullness of left lung; seems to have been a thickening of the pleura.

ALAN WELCH SMITH,
Secretary.

The City and County Medical Society met in the Auditorium of the Chamber of Commerce Building, January 2, 1907, and was called to order by the President, Dr. R. C. Yenney.

The minutes of the previous meeting were read and approved. Members present: Buck, Briggs, Hamilton, L. H. Holden, Hosmer, Hubbard, Johnson, A. H. Marcellus, Marsh, Manion, Pierce, Ransom, Smith, A. W. Tilzer, Timms, White and Yenney. Visitors: Drs. Gold, Hyde and Stearns.

Proposals for Membership.

Clayton S. Seamann, Heiler Building, city, graduate of University of Oregon in 1905. Recommended by Drs. C. L. Hosmer and R. J. Marsh.

Reading and Discussion of Paper.

The paper of the evening was read by Dr. Calvin S. White, namely, "Obstetrics." The author dealt with the subject in a practical manner. Calling the attention to the fact that it is the duty of the general practitioner to educate his patients and impress upon them that the physician who is to attend the case should be so notified at least five months before the confinement. He should make repeated examinations of the urine, regulate her daily life, attend to her breasts, and make an examination including the measurement of the pelvis, finally making all preparations for the expected labor. All symptoms like headache, scanty urine, albumen, and indeed any abnormalty should be noted at once. A case is recited where the doctor was hastily sent for to see a woman in her tenth confinement. She was then in puerperal convulsions. After her recovery, she stated that for a month previous she had been having severe headaches. Had she had a physician previously engaged, possibly such examinations would have prevented this attack.

Regulation of the general health, overcoming the usual constipation, daily exercise, cleanliness. She should be given instructions as to what is needed at her confinement, viz: plenty of hot water, pads, towels, basins. This preparations saves much annoyance when the final event comes off.

The doctor should be absolutely surgically clean, making such preparations as to assist him in this way, by having rubber gloves, duck suits or aprons, nail brushes, antiseptics, etc. A rectal enema should be given, the external genitals should be washed and scrubbed thoroughly, but a vaginal douche should not be given. A Kelly

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pad or rubber sheet is essential to cleanliness, as few vaginal examinations as possible, yet sufficient to warrant positive conditions.

Forceps as a rule are good to have on hand, but should not be too freely used, constant attention should be given the patient, watching carefully the perineum; any tear, great or small, should be immediately repaired; chloroform should be handled with care and not too early administered, as it makes the pains less and a hemorrhage more likely. Pulling upon the cord should never be permitted under any circumstances. The binder applied, the patient thoroughly cleaned, should be allowed to rest.

Should a practical nurse be employed, the doctor should personally superintend all details. A graduate nurse may be allowed to perform such duties without personal supervision. Should catheterizaton be necessary, it should only be done by the nurse or physician. Boiling of all catheters should be strictly adhered to. During the convalescence the general health should be kept up by tonics, patient made to rest and all rules of sanitation enforced.

Discussion.

Dr. Edna Timms was requested to open the discussion. She laid special stress upon cleanliness, and said she would rather have an obstetrical case in a private home with a good nurse than in the hospital. Examination monthly of the urine, she said, was very important, as care of bowels and general health. Liked rubber gloves, but preferred a rubber sheet to a Kelly pad. She agrees with the author that the forceps are applied entirely too hastily, and therefore too often, should give the woman a chance. Where the woman is healthy thinks anaesthesia unnecessary. Placenta should not be hastily removed, but allow the clot to form, then remove and apply abdominal bandage.

Dr. W. E. Ransom said he has had about forty years experience; the first thirty years he knew nothing about the modern way, and had good results then, but does not, however, advocate such treatment.

Dr. M. B. Marcellus said that urine should be examined regularly, and recited a case of eclampsia, which occurred without any albumen in the urine. When anaesthesia needed, use ether, Said the author failed to mention the abdominal pad, which should be placed on soon after labor, by a firmly applied bandage, the patient can then be allowed to change her position should she so desire it.

Dr. W. B. Holden said he was much interested in this paper. That he never allows the nurse to make examinations; he has the person provide the rubber sheet, and does not believe in douches just previous to labor. Thinks the practical nurse and the old-fashioned midwife should be put out of business by some law covering this point.

Dr. W. F. Hubbard said that he was much interested, and that each case may call for different treatment. Said we are living in artificial age, therefore there are many things peculiar to each case.

Dr. L. Buck said that the author covered the field thoroughly, and thinks the abnormal conditions only come into vogue with the modern woman and tight lacing.

Dr. L. H. Hamilton thinks that all perineal lacerations should be repaired at once; urinary analysis very important, and should be from the amount passed in 24 hours.

Dr. Alan Welch Smith said he wanted to lay stress upon the importance of early and continued urinary analysis, and recited a case of album-

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inura coming on suddenly four days after a negative examination.

Dr. R. J. Marsh said that too much stress cannot be paid to urinary analysis; that he does not use the abdominal binder unless the patient desires it.

Dr. Pierce called special attention to the terst for urea, and said the physician should instruct his patient and have her report all early symptoms.

Dr. Johnson said that examination of the pelvis had not been spoken of. Recited a case occurring recently in his practice where a woman had a symphysiotomy done in Denmark, was confined without any trouble.

Dr. A. Tilzer said that he didn't think that there are any two cases alike; wished to come to the defence of the midwife, saying that in Germany the midwife looks after all cases. Spoke of the importance of consultation in severe cases. Recited a case of child and placenta being expelled with but one pain, the pain continuing, the case was later operated on, and the abdomen found full of amniotal fluid and blood. Thinks there are many cases infected by nurses and surgeons handling pus and gonorrheal cases.

Dr. M. Hosmer said he practiced three years in county and had seen many infected cases following services of a midwife; infection, he said, can be gotten anywhere, but said four cases positively followed a certain midwife.

Dr. R. C. Yenney said that the child should not be delivered between pains; post partum hemorrhage likely to follow. Thinks the practical nurse should be governed by law and taught antisepsis.

Dr. White, in closing the discussion, said the only cases he ever saw for infection in the hospital, were those carried there for that purpose. Said he liked the abdominal binder, especially in cases with pendulous abdomen.

Motion to adjourn; carried.

ALAN WELCH SMITH, M. D.,
Secretary.

Whitman County Medical Society.

The Whitman County Medical Society was called to order at Colfax, Wash., January 21st, by the President, L. J. Coberly, M. D., in the parlors of the Hotel Whitman. Members present were: Alice A. Benton, Pullman, L. J. Coberly, Garfield, J. L. Balsiger, W. A. Mitchell, A. E. Stuht, C. M. Post, R. J. Skaife, Colfax, Wash.; H. P. Marshall, J. L. Harris, Pullman, Wash.; A. L. Victor, Winona, Wash.; C. S. Bumgarner, Thornton, Wash.; J. F. Hall, Albion, Wash.; W. B. Palamountain, Colfax, Wash.; H. M Greene, LaCrosse, Wash.

Visitors: Dr. N. J. Pocock, Colfax, Wash.; Dr. R. L. Gillespie, Portland, Or.; and Dr. Joseph Aspray, of Moscow, Ida.

Dr. J. A. Balsiger presented an interesting paper on Ingrowing Toe Nail.

Dr. H. P. Marshall, of Pullman, Wash., presented an interesting paper on Cardiac Neurosis.

Dr. C. M. Post presented a paper on Post-Typhoid Sepsis, and presented an interesting clinic to the Society to illustrate his paper.

Dr. A. E. Stuht informed the Society that the State Board of Medical Examiners for the State of Washington would pay $50.00 toward the prosecution of illegal practitioners of medicine in the state.

The Society adopted and confirmed a resolution whereby none of its members would make insurance examinations for any of the "Old Line" insur-

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ance companies for less than a $5.00 fee. It also recommended all members to strictly adhere to resolutions adopted by the A. M. A. along these lines.

Next meeting will be at Pullman, Wash., April 15, 1907.

Society then adjourned to banquet in the dining hall of the Hotel Whitman.

H. M. GREENE,
Secretary.

Pierce County Medical Society.

The meeting of the Pierce County Medical Society was held on Tuesday evening, February 5th, at the Tacoma Hotel.

After the regular business of the society was transacted, Dr. Quevell presented a case of a woman with a floating liver. He said that he had found but few recorded cases of this kind. The symptoms of the case are almost identical with that of floating kidney—with the neurasthenia especially developed. The stomach is forced downward by the liver, but there is no special complaint of indigestion.

Dr. Bean: The only case of the kind which I have seen was at the Johns Hopkins Hospital. The treatment is medical and surgical, but neither method is very satisfactory. The medical treatment is directed chiefly towards maintaining the general health of the patient up to its maximum point, and to treat the symptoms and complications as they arise. The surgical measures are to use surgical procedures as shall cause adhesions to form between the lower border of the liver and the chest walls at the lower border of the ribs. In this particular case the prognosis for such radical treatment would be grave.

Dr. Alice M. Smith thought that a properly made corset with a pad to hold the liver in place might be found to be a valuable palliative measure. She has frequently found, in cases of irritable spine and in floating kidney—where surgical intervention was contraindicated or refused—that a well-made corset has caused the symptoms to subside and the patient to enjoy a degree of comfort not obtained by any other available course of treatment.

Mr. Yoder, Superintendent of the Tacoma Public Schools, was the guest of the society for the evening. He was now introduced and he read a paper on "The Needs of Medical Inspection of Public School Children."

In 1881 Dr. Abel Hertel, of Copenhagen, examined 3141 boys and 1211 girls, better class pupils of the high schools of that city. He found that among the boys 31 per cent and among the girls 39 per cent suffered from chronic debilitating diseases. Acute diseases were not considered in this reckoning. In 1812 a royal commission was appointed. The commission investigated 17,595 boys and 11,646 girls in Copenhagen and the provinces. The boys showed nearly one-third in ill health. The greatest rate of sickness was in the sixth year of school life or twelfth year. In the case of girls, there were found 41 per cent. suffering from some form of illness. The highest point was during the thirteenth year—51 per cent. affected. Some of the results are as follows: Headache, 13.5 per cent.; anaemia, 12.7 per cent.; epistaxis, 6.2 per cent.; loss of appetite, 3.2 per cent.; scrofula, 2.7 per cent.; nervousness, 2 per cent.; curvature of spine, 1.5 per cent.; near-sightedness, 15.2 per cent.; unspecified, 9.9 per cent. The average for all children was 44.8 per cent. During the four years of

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the primary school, anaemia was increased from 7.7 per cent. to 19.8 per cent.; epistaxis, 1.1 per cent to 5.9 per cent.; headache from 2.2 per cent. to 11.0 per cent.; near-sightedness, from 3.3 per cent. to 6.9 per cent.

Puberty brings certain difficulties, such as granulated eye-lids, eye-strain, skin eruptions, frontal headaches, fussiness about food, and unstable, capricious appetites, disturbances of renal circulation, anaemia, etc. Then, too, children frequently grow too rapidly for their general nutrition.

It is essential that I explain what I mean by sickly children. Many head masters have tried to prove to me from their sick lists that the state of health in their schools is excellent, but the sick lists are of no value on this point, for they merely show the number of children who are absent from school owing to temporary illness. It is not to such cases of temporary illness that I refer when I speak of sickly children. (The most healthy may be out occasionally.) By "sickly" children I mean unsound children, who suffer from chronic complaints, but who are, nevertheless, able to attend school regularly; in short, children whose state of health is abnormal, and who require special care, both at home and at school, during their growth and development.

Malnutrition is an important factor in the causation of the sickliness of these children. Malnutrition may be due to: (1), lack of food; (2), lack of the proper kind of food; (3), and good food, but poor assimilation. Indeed, ill-nourished children should have a certificate before they are allowed in school.

Food.—There should be some provision made for public lectures on the necessity of pure food and its importance as related to the health and growth of the child, that the public may acquire a right understanding of the value of pure food and the proper preparation of the same.

Weight.—The weight of the child also furnishes an index of its health—over-weight or under-weight usually indicates an abnormal state of health.

Sleep should be under hygienic conditions, with sufficient pure air and in cold rooms, that the nervous systems may acquire a health tone. It is deplorable, the conditions under which many children are forced to get their sleep—many times on a poor sofa with no covering other than their clothing worn during the day. Under such conditions what wonder that these children grow up broken in health, or that they become degenerates, morally as well as physically, and a menace to society?

Medical inspection is especially important during two school periods: (1), Upon entering school. Children come from homes where ignorance and poverty have eluded any attempt to discern and treat defects, and where a young child is supposed to be the better for having had the round of the minor contagious diseases. We know, however, that mortality curves are always high for the earlier years of childhood, showing that if measles, whooping-cough, scarlatina, diphtheria, etc., could be delayed until the child is ten or twelve years of age, the death-rate would be very much lower. For example: "Extensive statistics collected in the city of Munich showed that the mortality from measles between the 2nd and 5th year was 4.55 per cent., while from the 6th to the 10th year it was only .04 per cent."—Worcester Report.

Dr. Burnham's report says: "Some able students of hygiene maintain that the nervous disorders of later life are due largely to lack of devel-

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opment at the early period of the fundamental nerve centers controlling the larger and simpler muscles of the body and functioning the larger and simpler movements." (Elfreda Smith). This constitutes what may be termed temperamental paralysis.

A very large percentage of the ills of the common school period could be prevented by: (1), Careful regard of the laws of hygiene in the construction and operation of school plants, that bad air, bad light, and a bad distribution of heat may be avoided. (2), More emphasis upon the training of the body, through play, dancing, voice-drill, and little besides reading and its associate subjects, the use of the proper type and paper, etc., during the first school period, especially. (3), Diligent care of the growing body—to see that it grows right, and freedom from contagious diseases, which not only do not ensure immunity, but also which are physically costly and dangerous.

Medical inspection is important during the early years of adolescence, in order that the child may pass over into the period of maturity with a good sound body.

We need in Tacoma some good common sense; just simple directions in reference to the growth and development of our children. With a school architect we are safe so far as lighting and ventilating, air-supply, etc., are concerned, but we are doing next to nothing toward (1) preventing the spread of minor contagious diseases. (2), Toward dental inspection. (3), Examination of eyes and ears. (4), Toward giving lectures to the people upon the care of health of children in the homes. (5), Toward systematic physical exercises and games.

I am planning on having four popular lectures delivered in this city in the near future for the purpose of furthering this movement and awakening an interest and public sentiment in favor of those measures for the public welfare and a better development of the children of our fair city.

Lectures:

(1) "Pure Food," Dr. Nelson.

(2) "The Care of Children's Teeth," Dr. Meyers.

(3) "The Management of Colds and Coughs."

(4) "The Way in Which Contagious Diseases Spread."

These should be given in several parts of the city, in public school buildings. Then the pith of each lecture should be put into plain, simple language, printed and distributed. These facts should be wisely presented upon various occasions, by physicians in practice, by lectures, by the press—in other words, we should carry on a campaign of education.

School Nurses.—In a few cities medical inspection is supplemented by trained nurses, who go to the homes of the children suffering from tuberculosis or trachoma, and where their services are required, to show the parents how to treat the children in accordance with the physician's directions. The schools in this way offer an excellent opportunity for detecting in their incipiency many cases of contagion.

Summary of work performed by school nurses during 1904:

Number of cases of pediculosis	381,995
Number of cases of eye cases.	95,799
Number of cases of scabes....	938
Number of cases of ring-worm.	14,879
Number of cases of miscellaneous	21,113

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Total number of children treated	514,724
Number of visits to tenement houses	19,524
Number of visits to tenement schools	16,155
Number of visits to miscellaneous	607
	36,286
Total number of children treated	26,069

Medical inspectors are not allowed to treat or to suggest treatment to any child who is or may be under the care of a private physician. The nurses only treat those cases which either through poverty or ignorance on the part of the parents, would otherwise be neglected.

The rule as to non-treatment of any child able to employ a doctor is an absolute one, and any infractions of this rule are dealt with summarily. On its part, the department has made it possible for the doctors to treat a vast number of cases which would not otherwise have been brought to their attention, and it solicits the co-operation of the medical profession. Dates of treatment noted on school cards and certificates of treatment of non-contagious physical defects, all are a very real help in the realization of the ideals in view.

March 27th, 1905, a new plan began. Each child is examined for the following facts: (1), Condition of nutrition; (2), Presence of enlarged glands; (3), Chorea; (4), Cardiac disease; (5), Pulmonary disease; (6), Skin disease; (7), Deformities of the spine, chest, and extremities; (8), Defective vision; (9), Defective hearing; (10), Defective nasal breathing, adenoids, etc.; (11), Deformed palate; (12), Hypertrophied tonsils; (13), Posterior nasal growths; (14), Deficient mentality.

Bad Sitting Habits.—Feeble and ill-nourished children usually sit and stand in a bad way. The constant injunction of parent and teacher to "sit up," "stand straight," does little good. Proper nourishment, with suitable exercise, will bring results. The bad habits, as we all know, lead to spinal curvature, round shoulders, flat, under-developed chests, abdominal pressure, etc.

There is only one time to cure and prevent these habits, and that is during school age. The average teacher canot prescribe the necessary course of exercises and treatment.

Finally I especially desire to secure the co-operation of the Pierce County Medical Society and their endorsement and support of such measures as in their judgment will tend to promote the welfare of our public school children, that I may go before our school board with the assurance that these measures have your approval.

I thank you for the courtesy you have extended me in this matter.

The Society voted to co-operate with Prof. Yoder as requested.

OBITUARY.

The death is announced at Alton, Cal., of Dr. J. H. Kime, who was for years a resident of Oregon. The Doctor was born in Ohio in 1836, and in 1878 he settled with his family at Corvallis. Three years later he moved to Portland, where for five years he conducted a drug store. In 1885 he moved to Westfall; in 1890 to Coos county, where for seven years he practiced medicine. In 1897 he moved to California.

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Book Reviews

A Text-Book of Obstetrics. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. Fifth revised edition. Octavo of 915 pages, with 753 illustrations, 39 of them in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $5.00, net; half morocco, $6.00, net.

The author was well qualified to write this valuable book, and the fact that the fifth edition is before us fully substantiates the fact. It is valuable alike to the undergraduate student and the student in active practice. Illustrations are extensively employed, the majority of them from original drawings and photographs. In this fifth edition are evidences of careful revision, particular attention having been paid to the recent advances in our information regarding pueperal infection and gestational toxemia. The mechanical part of the work is creditable, even to so excellent a house as the Saunders Company.

Prevalent Diseases of the Eye. By Samuel Theobald, M. D., Clinical Professor of Ophthalmology and Otology, Johns Hopkins University. Octavo of 551 pages, with 219 text-illustrations, and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $4.50, net; half morocco, $5.50, net.

This is a new work intended for the general practitioner and the medical student, rather than the specialist. The author has taken into account the fact that the great majority of physicians are not skilled in the use of the ophthalmoscope; that they possess neither the experience nor the necessary paraphernalia to make trustworthy tests of refractive errors, of muscular anomalies, or of the visual fields; and that they are not desirous of undertaking the more delicate eye operations. The general practitioner is handicapped as regards the diagnosis and treatment of many important eye affections; but on the other hand, there are other important affections of the eye which he is competent to diagnosticate correctly and treat successfully. This book seeks to give definite information as to the more frequently encountered diseases of the eye, and it further makes clear to the reader the sharp line to be drawn between these diseases of the eye in which delay of remedial measures is permissible, or even desirable, and those in the treatment of which time is an all-important factor. Simple operations, which the general practitioner may perform, are described in detail. The more difficult ones, which he is not warranted in undertaking, are not described, though the indications for them are set forth.

Starr on Nervous Diseases. Organic and Functional Nervous Diseases. By M. Allen Starr, M. D., Ph. D., L.L. D., Professor of Neurology in the College of Physicians and Surgeons, New York; ex-President of the American Neurological Association and of the New York Neurological Society. Second edition, thoroughly revised. Octavo, 824 pages, with 282 engravings and 26 full-page plates. Cloth, $6.00, net; leather, $7.00, net. Lea Bros. & Co., Philadelphia and New York, 1907.

The first edition of this work was limited to organic nervous diseases. That edition has been exhausted, and the author has brought, in the second edition, the organic portion to date, and has added a section covering the functional diseases, so that the vol-

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ume now presents the entire field of neurology as understood and practised by a master. The author is so well recognized an authority on this subject, that the first edition was rapidly exhausted, and a warm reception will assuredly be given this edition. The investigations and discoveries in neurology during the past ten years have made the diagnosis of nervous diseases less difficult and more exact, so that it is now possible to trace any symptom presented by a patient to some disturbance of function in a definite nerve center or nerve tract. As the knowledge of these centres and tracts has grown, as their location and action have been made clear, the meaning of symptoms previously perplexing has become plain. This work will do much to assist the practitioner and specialist to accurately diagnose their cases. During the past 25 years of practice, the author has accumulated a mass of pathological and clinical material, which has led him to many definite conclusions. Upon this material to a large degree the statements presented in this book are based. He has endeavored, in the presentation of each subject, to largely utilize personal observation and experience. The work is practical and authoritative, covering the whole subject embraced in the title, in all its aspects and is abundantly illustrated.

Abdominal Operations. By B. G. A. Moynihan. M. S. (London), F. R. C. S., Senior Assistant Surgeon at Leeds General Infirmary, England. Second revised edition, greatly enlarged. Octavo of 815 pages, with 305 original illustrations. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $7.00, net; half morocco, $8.00, net.

The value of this work was speedily recognized on its appearance a little over a year ago. In the first place such a work was needed, and in the second place, Moynihan's name lent to it great popularity. The author has included only those operations which are common to both sexes. No gynecological operations are described. In this new edition there are many additions to the text illustrations, and two of the chapters have been entirely rewritten. It is difficult to see how the surgeon, or the general practitioner who must sometimes conduct or assist in abdominal operations, can get along without this work.

Progressive Medicine, Vol. IV, December, 1906. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 349 pages, with 29 engravings. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The December issue of this quarterly digest completes the series for 1906. It will be found a fitting climax to the thorough work which preceded it. The skilled contributors have finished their labors for the year with never failing energy and care. As a result, the busy practitioner can cull in an hour what it has taken investigators and teachers the world over months, if not years, to acquire. Special stress has been laid on practical results and the best methods of treatment. Thus the chaff has been eliminated, and only the wheat remains. Dr. J. Dutton Steele devotes one hundred and twenty pages to Diseases of the Digestive Tract and Allied Organs. His presentation of the subject, his attention to the minutest details and his clear deductions

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must prove suggestive to every reader.

Dr. William T. Belfield treats of Genito-urinary Diseases from Tuberculosis to the Irrigation and Drainage of the Seminal Duct and Vescile. Under the Diagnosis of Renal Disease, Dr. Kapsammer's report of over twenty thousand autopsies in Austrian hospitals, during the last ten years, is quoted.

John Rose Bradford, M. D., F. R. C. P., in dealing with Diseases of the Kidneys, says: "Functional albuminuria is a condition of great importance to all practitioners, both from a point of view of diagnosis and of treatment. Certainly, it would seem at the present time that many of these cases are suomittel to far more rigorous treatment, especially in diet, than is necessary." Paroxysmal Hemoglobinuria, the Retention of Chlorides in Nephritis, and more particularly the treatment of Nephritis are carefully considered. This section concludes with an article on renal dropsy.

Dr. Joseph C. Bloodgood devotes one hundred pages to Fractures, Dislocations, Amputations, and the Surgery of the Extremities. The healing of fractures, the problems presented by fractures at the lower end of the humerus, metacarpal fractures and sprains of the ankle-joint are all thoroughly discussed.

Dr. H. R. M. Landis contributes over sixty pages to the Therapeutic Referendum. Every page is bristling with therapeutic facts of practical importance. Many useful suggestions are made in regard to drugs. Cases of poisoning by so-called "headache powders" are cited and the possibly injurious effects of adrenalin if used continuously. So through alcohol, ergot, iodine, mercury, mushroom poisoning, nitre, opium, the salicylates, urotropin and many other drugs, the interest is maintained while many important facts are logically developed.

Tuttle on Diseases of Children. A Pocket Text-Book of Diseases of Children. By George M. Tuttle, M. D., Attending Physician to St. Luke's Hospital, the Martha Parsons Hospital for Children and Bethesda Foundling Asylum, St. Louis, Mo. New (2d) edition, thoroughly revised. In one 12mo volume of 392 pages, with 5 plates. Cloth, $1.50, net; flexible leather, $2.00, net. Lea's Series of Pocket Text-Books, edited by Bern. B. Gallaudet, M. D. Lea Brothers & Co., Philadelphia and New York, 1907.

The excellence of Prof. Tuttle's work has carried it through two printings and now to a new edition, revised to represent advances to date. By considering only those diseases and phases of disease which are peculiar to the period from birth to adolescence, the author has found space to present all the essentials of pediatrics within a very compact volume. The various diseases are systematically discussed under appropriate subheadings, the typographical arrangement being such that any desired point may be instantly found. The low price reflects the popularity of Lea's Pocket Text Book Series, of which this volume is a constituent.

The Practical Medicine Series, comprising ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D., Vol. IX. Anatomy, Physiology, Pathology, Pathology, Dictionary. Edited by W. A. Evans, M. S., M. D.; Adolph Gehrmann, M. D.; Wm. Healy, A. B., M. D. Series 1906. Chicago: The Year Book Publishers. Price, $1.25.

Wide reading and great industry characterize the work of the compilers of this volume, as of all the volumes in the series. Whatever is

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best worth noting that has been published on the subjects referred to above is pointed out in these pages.

Diet in Health and Disease. New (2d) edition. By Julius Friedenwald, M. D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Second revised edition. Octavo of 728 pages. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $4.00, net; half morocco, $5.00, net.

The authors have succeeded in giving a concise account of the different kinds of foods, their composition and uses, and also to set forth the principles of diet in health and disease. The greater part of the book is devoted to the sick, and the doctor is told how to feed his patient. The literature of the subject has been carefully gone over, and the best thought therefrom set down. The book is simple enough to be used for rapid reference by the busy practitioner, and there is sufficient detail to make the way clear for the medical student and the uninitiated hospital interne. In this edition there have been minor chaanges and additions which make the book more valuable. The section upon salts has been rewritten; a more extended account is given of Prochownick's diet for pregnancy complicated by contracted pelvis, and an account of the diet at water cures is added, and of Klemperer's work on oxaluria.

Conservative Gynecology and Electro-Therapeutics. A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. Betton Massey, M. D., Attending Surgeon to the American Oncologic Hospital, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association, etc., etc. Fifth, carefully revised edition. Illustrated with twelve original full-page Chromo-lithographic Plates of Drawings and Paintings, fifteen full-page Half-tone Plates of Photographs made from Nature, and 157 Half-tone and Photo-engravings in the text. Complete in one Royal Octavo Volume of 467 pages. Extra cloth, beveled edges. Price, $4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Phi'adelphia.

The demand for a fifth edition of this work within a year of the appearance of the fourth edition, must be accepted as a full appreciation of its merits. Among the most interesting subjects of study in the book is the author's method of treating cancer by Cataphoric Sterilization. The author is sanguine of the good results of this operation, and gives a number of illustrative cases, pointing to his success in their treatment.

Syllabus of Lectures on Human Embryology: an introduction to the study of Obstetrics and Gynaecology for Medical Students and Practitioners; with a Glossary of Embryological Terms. By Walter Porter Manton, M. D., Professor of Clinical Gynaecology and Professor Adjunct of Obstetrics in the Detroit College of Medicine; Fellow of the Zoological Society of London, of the Michigan Academy of Sciences, etc.; etc. Third edition. Revised and enlarged. Illustrated with a colored frontispiece and numerous outline drawings. 12mo, 136 pages; interleaved throughout for adding notes. Bound in extra cloth. Price, $1.25, net. F. A. Davis Company, 1914-16

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Cherry street, Philadelphia, Pa.

The object of this syllabus is to furnish to students of medicine and practitioners an outline of the principal facts in human embryology. The book has been so arranged that it may be used in the class room, the printed headings serving as a guide during the elaboration of the subject by the teacher. In this new edition the text has been carefully revised and much additional matter incorporated. Particular attention has been given to the chapter on practical work.

Atlas and Text-Book of Human Anatomy. Volume 1. By Professor J. Sobotta, of Wurzburg. Edited, with additions, by J. Playfair McMurrich, A. M., Ph. D., Professor of Anatomy at the University of Michigan, Ann Arbor. Quarto volume of 258 pages, containing 320 illustrations, mostly all in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.00, net; half morocco, $7.00, net.

The descriptive part of Anatomy is learned only when we can call up a mental picture of the part in question; and volumes of description will do less to furnish a correct picture than will a single dissection, or the inspection of an accurate illustration. This is especially true as regards relational Anatomy, and without an accurate knowledge of the relations of parts, the student or practitioner will find himself sadly at sea in his application of Anatomy to diagnosis and treatment. Such an atlas as this must prove a great boon, for it has a wealth of accurate illustrations and thorough, though concise descriptive text. In the original German edition, the text and Atlas were separate volumes, but in this edition they are united in a common volume, much repetition being thereby avoided, and the result being a volume of convenient size. It is a very valuable work, and should be in the library of every physician.

The Technic of Operations Upon the Intestines and Stomach. By Alfred H. Gould, M. D., of Boston, Massachusetts. Octavo volume, containing 190 beautiful original illustrations, some of them in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $5.00, net; half morocco, $6.00, net.

This book is the result of three years of research, and in it are collected certain of the standard operations upon the intestines and the stomach. It is not claimed that all the methods in vogue are given; in fact, many well known operations have been omitted to give more room for illustrating the methods which were chosen. It is believed, however, that a knowledge of the technic, here included, will enable the surgeon to meet, practically, all the requirements of gastro-intestinal surgery. This volume is a credit alike to printers and publishers from a mechanical standpoint.

A Text-Book on the Practice of Gynecology. For Practitioners and Students. By W. Easterly Ashton, M. D., LL. D., Professor of Gynecology in the Medico-Chirurgical College of Philadelphia. Third edition, thoroughly revised. Octavo of 1096 pages, with 1057 original line drawings. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.50, net; half morocco, $7.50, net.

This text-book is unusually large for a work on gynecology. But it contains so many illustrations, all of which are of value to the practitioner, that it is diffiffcult to see how the work could have been made smaller, and do full justice to the subject. The

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fact that it has gone to a third edition speaks much for the appreciation in which it is held by the profession. A good many changes have been made, as a result of the author's later experiences, and the book as it stands in this edition, represents his views at the present time, based upon an actual working knowledge of the advances that have been made in gynecology and abdominal surgery. In this edition, the metric system has been added and appears throughout the text and in the formulas. Many changes have been made in the illustrations. The chapter on The Blood in Relation to Surgery has been thoroughly revised, and special consideration given to the value of the relative percentage of polynuclear cells in inflammatory conditions and suppurative lesions. Colonic lavage has been added to the chapter on Constipation, and a new method of flushing the colon described. A section has been added on Chorio-epithelioma of the Uterus and also on Passive Incontinence of Urine. The section on Intestinal Anastomosis has been entirely rewritten, and Moynihan's methods have been substituted for the mechanical devices and complicated sutures previously employed.

A Practical Treatise on Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association and the British Medical Association; Fellow of the Medical Society of London, etc., etc. Sixth edition. Thoroughly Revised. (In Conformity with the Latest Revised U. S. Pharmacopeia, 1905.) Royal Octavo, 1244 pages. Extra cloth. Price, $5.00, net. Full sheep, price, $6.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia, Pa.

Just as a new revision of the United States Pharmacopoeia appeared, there was a demand for a new edition of this work. The numerous pharmacopoeial alterations in nomenclature and in the strength of official preparations, and also the many new titles which have been added, have necessitated a thorough revision of every page, particularly in order to make the second part correspond with the present standards, both of the United States and the British Pharmacopoeiae. Among the new therapeutic agents dealt with will be observed a consideration of the Roentgen-Ray and the Finsen light, or Actinotherapy, Serumtherapy, Animal Extracts, Vibrotherapy, Hydrotherapy, etc. Every part has been carefully revised, and when possible condensed, so that notwithstanding the large addition of new material, the work has really been increased only about 100 pages altogether.

"The Surgeon's Power of Life and Death," which appears in The Living Age for January 12, can hardly fail to arouse discussion. It is written by a well-accredited physician, but it deprecates the unrestrained and inconsiderate rashness with which surgical operations are sometimes resorted to now-a-days.

The article in The Living Age for January 19, entitled "To America in an Emigrant Ship" is an unusual narrative of personal experience, written by a pastor who accompanied a large number of his people to this country and acted as a kind of chaplain to them on the voyage.

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Extracts

The Laity and the Frauds of Medicine.

By Park Weed Willis, M. D., of Seattle, Wash.

The following paper was read before the Monday Club of Seattle recently by Dr. Park Weed Willis:

The study of medical science has always been one of intense interest to me and it is also one of unlimited possibilities for work. Any one of its branches will furnish a great life work and still leave a vast sea of undiscovered truths. No one has better opportunities for interesting scientific study than the student of medicine. After graduation we begin to apply the knowledge gained and in this, in addition to the medical practice from the scientific point of view, we deal directly with human nature so varied in its manifestations. It is this human nature which gives material for my subject tonight, "The Laity and the Frauds of Medicine."

Each one of us speaks of the laity as those without the pale of our own profession and each man here tonight has often observed how little the layman knows about his profession, and we can realize how little we know about other professions when we stop and think of this condition of affairs in reference to our own. There is no class of men who have greater opportunities for doing good than those of my chosen profession, and on the other hand there is no class of men who can begin to do the amount of harm that can be done in this same profession. To be a truly successful physician in every sense of the word I think it is necessary to have a good intellect well trained, and a man with energetic and studious habits, and he should at least practice the tenets of the Christian religion. Barnum says that the people like to be fooled and this certainly holds good in medical practice, for any charlatan, no difference how ignorant or depraved, can make a financial success of the practice of medicine. It is an old saying that a drowning man will grasp at a straw. Not only is this true in the medical world, but we find that people will often discard a good life preserver for the straw.

Body Fights Disease.

In the very beginning I want to bring one point before you gentlemen which should be better understood by everyone and would save a great deal of human suffering in mind, at least. That is this, that nature tends to heal the sick body. We not only have a most complex and perfect machine in the human economy, but we have one which repairs itself automatically. When the human body is attacked by any disease as typhoid fever the inherent tendency is for the human system to resist that disease and thus bring about recovery of the patient. When the small boy fills his stomach full of all kinds of nuts, candies, popcorn and other materials which it is impossible to digest properly and safely he vomits and thus the human system has practiced preventive medicine. If it is not quite so bad and the boy does not vomit he probably does not feel like eating for a few days. By the loss of appetite an opportunity is given for the stomach and bowels to rest and for the excretory organs to throw off the effete material, and again the human organism has corrected its ills.

When the collar bone is broken the patient will always hold his arm in a certain position which gives the greatest ease and comfort and it is

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at the same time one of the best positions for the healing of the injured bone, and so it is through most of the diseases and accidents of life. The tendency of nature is to heal. The up-to-date physician, of course, is well grounded in anatomy, physiology and chemistry, as well as pathology, etc., and is also versed in all the various methods of relief for morbid conditions. The underlying principle of all treatment, however, is to aid nature and whenever we pursue any other course we find a strong wind and tide against us. Personally, I feel that Oliver Wendell Holmes did not miss the mark far when he said in substance that if all drugs, with a few notable exceptions, were thrown into the sea it would be better for mankind, but worse for the fishes.

Occasionally nature must put up distress signals in the form of pain, and this is the red light to warn us of danger. For instance, when a patient is developing appendicitis he has acute abdominal pain. The true physician will not take down this danger signal by giving a dose of morphia to relieve the patient or ask the patient to deceive himself by saying there is no such thing as pain, but will probably try to investigate and see whether this is a little pile of dirt lying in the street which can be passed over safely or whether it is a great abyss which will mean death to fall into. To make this investigation we not only note carefully the history of the case and all the symptoms and signs which can be obtained from examination, but we also count the white blood corpuscles which might be considered the standing army of the individual. Nature calls out this army to correspond with the amount of work to be performed by them in the resistance and when we learn the increase in these corpuscles we know that the danger ahead corresponds very closely with these. Some will say, however, that doctors make mistakes. So we do, and will continue to do until human nature and the human mind are entirely changed.

Advice is Dangerous.

When, however, they say that a thoroughly educated, competent and careful physician will make a mistake, what must they think of themselves when they, without knowledge, without previous training, begin to give advice to their friends who are in need of medical skill. One of the great troubles I find in treating my patients is that the neighbors come in and give such free advice. I have always told my patients that they will find their friends very long on advice but short on responsibility. There is really no excuse for this attention on the part of our friends, for when expert advice is needed it is not at all difficult to obtain a messenger boy to render such service. As an excuse for the employment of a tyro or a charlatan sometimes it is said that skilled doctors were not available. When this is the condition of affairs I would prefer, myself, to allow nature to take care of the illness unaided.

Naturally in taking up the subject of the frauds of medicine we mean to include the various paths, cults and sects such as Chiropractic, Histogenetic, Physiomedic, Christian Science, Mental Science, Biochemic, Homeopathic, and innumerable others which come forth every day, reap their harvest and pass out of existence. Of those mentioned, perhaps Homeopathy has had the longest life, and, consequently, has the greatest right to recognition and investigation. The American Medical Association, the greatest organized body of medical men in existence and the representative organization of the medical profession in the United States, does not

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recognize any "path" of any kind. Physicians who have had Homeopathic training are just as free to join our association as those who have been trained in other schools. The only thing asked of them is that they practice medicine legally and without flying any special flag. The physician should not follow any path or dogma, but should use any known method which will benefit or tend to heal the sick with safety. This last word must be added because remedies can be given which are really worse than the disease and which in their harmful effects are tenfold more disastrous. With the present stand of the American Medical Association, Homeopathy as a distinct sect in medicine is practically passing away. There are still Homeopathic schools, but those which are up-to-date are giving a more thorough course in the preliminary sciences necessary for the foundation of medicine and also are becoming broader and willing to use every medical means which will assist the sick. What are known as the regular practitioners of medicine have no dogma to follow, but strive to help the sick with any remedies at their command. "Those kind friends," says Dr. Oliver Wendell Holmes, "who suggest to a person suffering from a tedious complaint that he 'had better try Homeopathy,' are apt to enforce their suggestion by adding, 'that at any rate it can do no harm.' This may or may not be true as regards the individual. But it always does very great harm to the community to encourage ignorance, error, or deception in a profession which deals with the life and health of our fellow creatures."

Doctrine of Homeopathy.

It might be well to state briefly the fundamental doctrines of Homeopathy. The first great doctrine was that of "similia similius curantur;" the second was the belief in the efficacy of the medicinal substances reduced to a wonderful degree of minuteness or dilution; and the third was that seven-eighths at least of all chronic diseases are produced by a humor in the blood. All these are practically reduced to absurdities by modern science and I doubt if a well educated, so-called Homeopathic physician could be found who believes in them. The third needs no further mention. The question of like cures like depends also upon the second in the question of dilution because they only claim that it is in their very greatly diluted forms that they cure. An instance may be given, however, in which the doctrine may be supposed to hold good. Vomiting may be due either to irritation of the stomach or to a lowered tone. Now in case it is due to the tone of the stomach below par a stimulant may be necessary to bring it to its normal condition and prevent vomiting, and in this way a very small dose of ipecac may relieve the vomiting, while a larger dose of ipecac will cause the same condition which the small dose relieved. You readily understand, though, that there is a special reason for this and that it does not establish a principle. For any sane man to understand the effect of these greatly diluted remedies it is only necessary to read from Dr. Oliver Wendell Holmes in his medical and other essays, already referred to.

Homeopathy a Trademark.

Homeopathy today is practically nothing more than a trademark, but as this sect is passing away and those who formerly professed to be Homeopaths are now studying medicine and are coming to a broader basis in making themselves useful members of the community, many other sects arrive, and even the Christian religion must be brought in to help humbug the public. In fact, this dear

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public is so easily humbugged that it is a wonder that some one did not form a correct estimate of it before the time of Barnum. There is no need to try to talk to the average individual who has definite ideas about any particular branch of the frauds of medicine. In fact, we can all sing with Moore that,

"Faith, fanatic faith, once wedded fast
To some dear falsehood hugs it to the last."

This same faith in the use of drugs is shown in an epitaph on an English tombstone, which says:

"Here lies myself and wife and daughters,
Died from drinking Cheltenham waters.
If we had stuck to epsom salts
We wouldn't be lying in these here vaults."

Innumerable instances come to our notice of damage done to members of the community by these different fakes and here is simply one of the many instances. An estimable lady, who otherwise had a very good thinking apparatus, or, rather, a good thinking apparatus on ordinary subjects, boasted that Christian Science was so fine; she had never had to have a physician since taking up the belief and she never worried any more about her children. She knew that they were all right. They could not be otherwise with her belief. While she was telling me this, one of her children, a boy of not more than sixteen, was under my care with a disease which proved the fallacy of her statement. Again it was neglect which did the damage. This lady is still a believer in Christian Science, but her supposed protection is really no greater than that of the proverbial ostrich with his head in the sand.

Just now Osteopathy seems to be on the crest of the popular wave, and the cab driver and barber, who has a greater desire for dollars than he has for a clear conscience, has given up his chosen vocation, has taken a few lessons in Osteopathy and at present stands high in his profession, telling lawyers that their backbones are out of joint and clergymen that there is a misplacement of their ribs and prescribing similar treatment to other men who are supposed to have ordinary common sense. When we thing of this condition of affairs it is hard to explain it. I am reminded of the man who came into the country store and found several men sitting there whittling and talking, and when he asked one of them what they did there every night, as that was their accustomed rendezvous, this man replied: "Well, we sometimes sets and thinks, and sets and thinks, and sometimes we jist sets." This must be about the process of mind as exercised by the average Osteopathic patron.

Dangers of Osteopathy.

A few years ago I treated a young lady with a very severe attack of typhoid fever, during which there were numerous complications, but she finally recovered after a very narrow escape from death. These complications would probably have been avoided if she had taken treatment earlier, but when her disease began she went to an osteopath and as in the majority of cases of typhoid fever there was a cough. This osteopath (I will say that he was one of the best Osteopaths in the city, if you can apply best to this cult) treated her in his office every day for pneumonia. Finally, on the day I was called, she was unable to get to the office and I found her at home with a temperature of 104 degrees. Very soon after she was delirious and many weeks following

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were a complete blank to her after her recovery. Her mother was present during all this illness and she herself was told about her case, but at the present time I understand they both ardent advocates of Osteopathy.

During the time that I have practiced medicine in Seattle there have come and gone many freaks of varying types. There was one man here whom I know to be ignorant and suspected of dishonesty, and when I told this to the daughter of one of his supporters she said (innocently) she could not believe he was doing these things for money because she knew he was hard up as he was borrowing money from her father. In another instance a man practiced here and did not charge for his services, only doing the work for the good of humanity. As a matter of fact he was interested in a drug store which filled the prescriptions and he was unable to make any charge for professional services because he had not passed the state board examination and his practice was on a par with men who are unable to pass it, yet he had a hold on a large portion of the better element of this community. One of the many instances in this man's practice which came to my notice was when I was called to see a man who had just died, having choked to death with a cancer of the throat, and his poor wife, distracted, said that this doctor had told her only five days before that there was nothing there but a little catarrhal growth which would pass away and he would recover. It seems that he had been treating this man since the beginning of the disease, at which time two reputable physicians of this city gave their opinion that it was cancer and should be removed. Thus this man's only chance for life was lost through ignorance or dishonesty, if not both.

I could spend the entire evening talking to you about these various fakes and frauds and give you definite instances which would be sufficient proof to any unprejudiced mind of the character of their practice, and yet only begin to give you a slight insight into these greatest of all frauds.

Patent Medicine Frauds.

Another condition of affairs which is probably only second in its baneful influence to those mentioned above, is the use of patent medicines and patent apparatus of various characters. Perhaps the most of you have followed this matter somewhat in the last year or so in the Ladies' Home Journal and Collier's Weekly, the two journals which have come out openly and told the truth about this business. As I said in the beginning of this paper, thoroughly educated medical men with a thorough knowledge of the means of treatment as known to medical science often make mistakes. When this is the case what would we expect to be the result when a patient himself, without any medical knowledge except that possessed by every ordinary layman, diagnoses his own case and then buys a patent medicine, of which no one but the manufacturer knows the contents, and takes for his ailment diagnosed by himself? It seems to me that we might almost as well blindfold our patients and turn them loose in a drug store to get their medicines, for in this instance he is not only guessing at his disease, but is also guessing at the medicine he is taking for it.

It was only a short time ago that mechanical appliances with peculiar power were advertised extensively and the agents for them did a land office business. The charge for the most of them was $25 each, which, of course, was reasonable for them con-

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sidering their wonderful results. These consisted of a cell which had a powerful influence containing peculiar powers and which was a cell in every sense and meaning of the word and to this was attached a tinsel cord and to that a disc and band which was buckled around the ankle of the patient. This cell was placed in a bucket of water by the bed and the band was strapped around the ankle. This is only a general description of the type used. One of these was dissected by Dr. Potter, of Spokane, and was found to consist of two cents' worth of wax, three cents' worth of string and 75 cents' worth of can. For the ordinary adult patient I do not feel that it is a very important community matter, for people who buy such things as these, who will insist upon using patient medicine for their ailments and who feel sure that the latest fake in medicine is the most marvelous ever discovered, are the people who should really die off in this great struggle which results in the survival of the fittest. When, however, parents give their innocent children similar treatment it is time to have such things stopped. To allow a child with diphtheria to die while the parents are practicing Christian Science for its benefit while we have relief immediately at hand, is nothing short of criminal and should, it seeems to me, have the same treatment, according to Dr. Simonds' latest methods. When the innocent child with beginning hip disease is taken to an osteopath and given the usual treatment which should at all hazards be avoided and which either costs the child its life or makes it a cripple for the rest of its life, such person should also be handed over to Dr. Simonds with an indeterminate sentence.

Medical Profession Guilty.

Now, you will naturally ask what is the cause of this condition of affairs. I will say that we, as a medical profession, must immediately plead guilty. We have not worked hard enough to make ourselves as efficient as we should be. We have allowed and even assisted in forming too many medical schools of mediocre standing. In this way opportunity has been given for improperly prepared students to enter and great numbers have passed from their portals entirely unprepared for the duties of their profession. We have been more or less jealous and envious of each other and thus have given the community a wrong impression as to our profession and its standing. We have been lax in educating the community that it is nature that cures their ills and that we are only the assistants. We have been too busy in our scientific work and medical practice to take up practical politics and secure laws for the protection of the community. In fact, in a great many ways, the medical profession itself is at fault, but I want to say that the community is far more to blame. When the medical profession has tried to do anything to lessen the amount of fraud practiced upon the community, the community itself has risen and proclaimed that it was oppression and persecution and that the medical profession is a trust and the papers who secure material and financial aid from advertising these frauds render able assistance even in their editorial columns. Their patrons, past and present, include nearly every individual in the community. Every man here tonight is guilty. You have all spent your money on these medical frauds. You are bringing up your children to believe at least more or less in these same frauds and if you do not outwardly advocate these things, the bottle of patent medicine on your closet shelf speaks volumes in that

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direction. There is a great opportunity at the present time for help. The people are beginning to wake up to the fact that there is such a thing as a fraud, although, of course, the follower of each individual sect knows that his particular fake is not a fraud. Physicians now are better educated. They are required to have better preparation for entering medical schools. They are required to take a longer time in medical school. It is becoming more common for young graduates to take hospital courses before beginning to practice upon their own responsibilities. Collier's Weekly and the Ladies' Home Journal have done a great pioneer work in opening the eyes of the people to the patent medicine frauds. The medical profession itself is becoming more united and there is a chance in their local and state societies and the American Medical Association for doing united work for both the profession and the community. The men are being educated on broader lines, thus doing away with much of the petty envy and jealousy. At the same time we are beginning to realize that to fulfill our mission we must be united and take a little part in the game of politics.

Present Certificate Bill.

Just at present in this state we are trying to secure legislation which will require a minimum amount of knowledge for anyone who pretends to heal the sick, and we want all such to go before our medical examining board. An attempt was made to pass this law at the last legislature, but in the wisdom of the legislature it was not fair to those people who make their living by practicing upon the community without knowledge to require that they pass an examination.

I do not want to be understood as opposing any particular sect, but simply stand for proper protection to the community. I think I have told you enough here tonight to show you that the community itself is no more discriminating in the question of disease and its treatment than your 6-year-old child is in the question of schools. Consequently, the protection must be given the public so that when anyone is called to treat the sick those who call them may feel that that person has at least the minimum qualification for the service they are to render. There are a great many drugs to be used, and these in the hands of the ignorant are like firearms in the hands of children. This danger must be averted. Legislation must be secured that will eliminate the ignorant from the practice. The medical profession must work together to make themselves more efficient. The community should stand by honesty, reliability and industry in the medical profession and not lend their influence or give financial aid to charlatanism.

Doctor's Practice.

The home and office of the late Dr. J. H. Kime, of Alton, is offered for sale at a reasonable figure. This is one of the best locations for a doctor in Humboldt county. For particulars call on or write Mrs. Belle Kime, Alton, or Cashier F. P. Newell, of the Bank of Fortuna, Fortuna, Cal.

Do not operate for foreign body in the knee joint without first excluding dislocation of one of the semilunar cartilages.—American Journal of Surgery.

In amputations below the knee, insist on active and passive motion in the knee joint at an early date. If this is not done contracture ensues, which makes the application of an artificial limb difficult.—American Journal of Surgery.

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Personal

Oregon.

Dr. A. C. Manson, of Portland, has gone to John Day.

Dr. Wm. O. Spencer, of Huntington, was in Portland last month with his daughter.

Dr. Wm. J. May, of Haines, was a patient at the Walla Walla hospital last month.

Dr. W. G. Cole, of Pendleton, has just invested in some real estate at Hermiston.

Dr. Wm. W. Kimmell, of Lebanon, has purchased a new residence and some extra lots.

Dr. and Mrs. S. F. Sharp, of Athena, gave a pleasant party at their home on the 11th ult.

Dr. C. A. Stuart, of Oregon City, has recently visited his father at North Yamhill, who has been sick.

Dr. Wm. C. Hawk, of Jefferson, and family went to Salem last month, and incidentally heard Bryan talk.

Dr. and Mrs. R. D. Cashatt, of Weston, celebrated their "paper wedding" in approved style last month.

Dr. F. H. Vincil, of Glendale, has removed to Roseburg, where he has joined partnership with Dr. Shearer.

Dr. Gustave Baar, of Portland, had a buggy collision with a street car last month, but escaped with no injuries.

Dr. James T. McCormac, of Marshfield, and wife are enjoying a southern trip. They will visit New Orleans before returning.

Dr. Geo. F. Koehler, formerly for some years a practicing physician in this city, but who has been away for some time, has again resumed practice here, and has offices in the Fliedner building.

Dr. R. Cartwright, of Klamath Falls, reports the health of the men employed on the irrigation system as being excellent.

Dr. Carleton W. Faull, formerly of Baker City, but now of Marshfield, was in Portland during the cold weather last month.

Dr. S. C. Browne, of Scio, was a recent visitor in Falls City. The local paper claims that the doctor will soon return and make his home at Falls City.

Dr. E. Mingus, of Marshfield, was appointed acting assisting surgeon for the marine hospital service during the absence of Dr. McCornac in the East.

Dr. S. M. Strohecker, of Chicago, has been appointed physician to the reclamation service on the Umatilla project. The Doctor will be an acquisition to Oregon.

Dr. and Mrs. D. A. Paine, of Eugene, have gone on a trip through California and Mexico, returning by way of Cuba and New York. They will be away two and a half months.

Dr. R. J. Anderson is associated with Dr. Spencer at Huntington. Dr. Anderson formerly practiced in the East, giving special attention to diseases of women and children.

Dr. J. M. Short, of Gresham, is interesting himself in the movement to raise funds to purchase the farm on which Abraham Lincoln was born, and converting it into a national park.

Dr. L. M. Jones, of Lebanon, had a narrow escape early last month when he was on his way to attend a pa-

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tient. During the night he and his driver were pitched out of their buggy, and both got a wetting in the river.

Dr. J. T. McCormac and wife, of Marshfield, were in town last month on their way to California for a short vacation.

Dr. S. E. Josephi, of Portland, who has been a member for fourteen years of the Portland Water Board, has retired from the position, his term being up for which he was last appointed. Dr. Josephi has been one of the most valuable members of the board.

Dr. Bertha Taylor Patton, of Portland, was married early in the year to Chas. Wm. Baumbaugh. The wedding took place at Roseburg. The bride is well known in medical circles in Portland, and all her friends have been busy wishing the couple much happiness.

Dr. Philip Edward Johnson, a physician who was about to take the medical examination in Portland with a view of practicing in this state, was killed early last month by highwaymen on the Ford-street bridge, Portland. No clew to the murderers has been discovered. It was an especially distressing occurrence.

Washington.

Dr. J. E. Bittner, of Sprague, was a visitor last month in Spokane.

Dr. S. H. Manly, of Republic, was a visitor last month in Spokane.

Dr. H. R. Smith, of Lind, took in the sights at Seattle last month.

Dr. Rush Banks, of Centralia, has moved his offices to his private hospital.

Dr. K. R. Smith, of Quilcene, and family have gone to California for a visit.

Dr. Luther M. Sims, of Kalama, was one of the victims of the grip last month.

Dr. John W. Mowell, of Olympia, was in Elma last month in consultation with Dr. Blair.

Dr. Bell, of Kelso, is one of the directors of the new First National Bank of that place.

Dr. J. F. Hall, of Albion, was in Moscow last month, assisting in an operation on a patient.

Dr. C. E. Martin, of Bellingham, has received the reappointment to the office of county physician.

Dr. Geo. S. Allison, of Spokane, is about to erect a new apartment house to cost from $30,000 to $40,000.

Dr. J. E. Burns and wife, of North Yakima, have returned from a month's visit in California with relatives.

Dr. Henry Essig, of Davenport, has gone to New York to meet his wife and daughter, who have just returned from a European trip.

Dr. G. E. Chamberlain, of Aberdeen, ran for mayor and was defeated. But he was appointed by the county commissioners to be county health officer and county physician at a salary of $50 per month.

Idaho.

Dr. I. S. Collins, of Burke, was in Wallace last month.

Dr. J. W. Givens, of Orofino, was at Lewiston last month.

Dr. Wm. Semones, of Nampa, was a Boise visitor last month.

Dr. B. L. Steeves, of Weiser, was in Boise early last month.

Dr. J. K. Clarke, of Weiser, was a visitor in Boise last month.

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Dr. A. F. Wohlenberg, of Kooskia, was in Lewiston last month.

Dr. Wm. A. Wright, of Pocatello, is talking of moving to Hailey.

Dr. C. S. Moody, formerly of Sand Point, is now located at Mullan.

Dr. James Brown, of Boise, has been on the sick list during the month.

Dr. J. C. Sullivan, formerly of American Falls, has moved to Oxford.

Dr. A. F. Isham, of Caldwell, visited the Masonic lodge at Nampa last month.

Dr. J. M. Fairly, of Orofino, called on his Lewiston acquaintances last month.

Dr. K. H. Wright, of St. Louis, has joined Dr. Plumer, of Hailey, in his practice.

Dr. J. W. Givens, of Orofino, and wife were visitors at Pullman early last month.

Dr. D. D. Drennen, of Rathdrum, has been appointed County Physician for the coming year.

Dr. Wm. M. Semones, of Nampa, was married on the 7th inst to Miss Mary D. Logan, of Eugene, Or.

Dr. Hugh France, of Wardner, has been appointed County Physician of Shoshone County. The office pays $1500 a year.

Further Study of the New Infectious Disease.

L. K. Hirschberg, Baltimore (Journal A. M. A., February 2), has been able, through the kindness of a number of colleagues, to obtain records of eleven more cases of the peculiar fever, first described by him in the Journal A. M. A., Aug. 11, 1906. It appears from his correspondence to occur throughout the United States, as his reports come from widely separated localities. The disease may be defined as an acute infection of sudden onset and unknown bacterial origin, characterized clilically by fever, constipation, absence of blood parasites, agglutination with the usual bacteria, rose spots, enlarged spleen and tympanites. Its pathology is unknown, as there have been no deaths, and there was no way to ascertain its incubation period from the histories; the onset was always sudden. The duration was from 10 to 20 days. Constipation was a conspicuous symptom, and the slowness of the pulse was a striking peculiarity. No epistaxis, chills or sweating. In no case were there any abdominal tenderness or characteristic eruption; the fever was rapidly ascending, reaching even 105.4 without delirium or nervous symptoms in some cases. Cultures and agglutination tests were failures. The diagnosis is simple; there is little chance to confuse the condition with other diseases; it seems, he says, to be a distinct entity. In all cases thus far reported the patients have recovered without apparent sequelae, except one, who had, some weeks later, an attack of typical typhoid with Widal reaction. The general management of the disorder, like typhiod, consists in good nursing, attention to diet and hydrotherapy. The constipation is stubborn and should be closely watched.

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cal journals that I thought I had no time for anything published so close at home. However, since returning from the East I have read a number of copies of the Sentinel, and find the contributions therein contained fully as instructive, and many articles much more conservative, and practical, than many articles contained in more pretentious and expensive journals published east of the Rockies."

Notes

The North Idaho District Medical Society will hold its next meeting at Lewiston on March 19th.

An exceptional opportunity presents itself for a physician to procure an experienced assistant, particulars of which can be obtained at this office.

The bill for a more complete and efficient system of registering births and deaths seems to have shared the unhappy fate of many other excellent measures in the Oregon legislature.

Extensive additions are contemplated to the Good Samaritan Hospital, Portland, to cost about $80,000. Of this amount, $20,000 has been secured. It is expected that the proposed changes will be under way by the end of this year.

The Seattle authorities are trying, by city ordinance, to regulate the sale of morphine, cocaine and other drugs. The physicians generally favor the measure, and believe that its enforcement will tend to lessen the number of dope fiends.

A new hospital is promised for Grand Ronde. The incorporators are Drs. C. T. Bacon, N. Moliton and A. L. Richardson. The capital stock of the company erecting it is $16,000. The building will contain rooms for from 25 to 30 patients.

After making an examination of the local situation, Dr. Ralph C. Matson, bacteriologist for the State Board of Health, thinks that the people of Silverton are not as careful as they should be in the matter of the

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During the month of January there were 197 births registered in Portland and 196 deaths. Of the births, 195 were white and 2 yellow. There were no births among the colored population. Lone Fir cemetery, although generally supposed to be full, witnessed 58 burials during the month.

There has been organized in Seattle the Childrens' Orthopedic Hospital Association. As soon as sufficient funds have been raised, within a year if possible, the association plans to begin the construction of a hospital building. For the present the little patients will be cared for at the existing hospitals and their expenses paid by the association.

The Lincoln County (Wash.) Medical Association met at Sprague on the 6th ult. The following officers were elected for the coming year: Dr. Connell, of Odessa, President; Dr. J. E. Bittner, of Sprague, Vice-President; Dr. Gunning, of Harrington, Secretary and Treasurer. Censors: Dr. E. C. Lanter, of Wilbur; Dr. R. P. Moore of Davenport, and Dr. Gunning, of Harrington. The next meeting will be held at Odessa in April.

In Seattle steps are being taken for the medical inspection of the children who attend the public schools of that city. In Seattle, as well as elsewhere, there are a good many children in the city schools whose physical defects require immediate attention, but whose parents are either too poor, too ignorant or too indifferent to provide them with medical services. In a great many cases, apparent backwardness is not due to mental defects as much as to defective sight or hearing, or growths in the nasal cavity.

Of the forty-six applicants who took the 40th regular examination given by the State Board of Medical Examiners of Oregon, January 8, 9 and 10, the following 23 were successful: L. A. Bollman, W. E. Cass, G. P. Edwards, J. C. Evans, C. E. Fowler, H. D. Gold, H. W. Hegele, N. W. Jones, W. C. Judd, H. Koljonen, H. M. Page, T. J. Parizek, P. J. Payne, G. J. Potts, B. F. Scaife, C. S. See, A. B. Starbuck, R. S. Stearns, S. M. Strohecker, C. M. Suttner, C. E. Templeton, J. F. Titus and A. K. Turner. One of those who passed was 74 years old.

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renewal of his subscription [illegible]
cal journals that I thought I had no time for anything published so close at home. However, since returning from the East I have read a number of copies of the Sentinel, and find the contributions therein contained fully as instructive, and many articles much more conservative, and practical, than many articles contained in more pretentious and expensive journals published east of the Rockies."

* * *

The province of British Columbia seems to be taking hold of the question of caring for the tuberculous poor in a proper manner. The Dominion government has become interested, and has offered a grant of 400 acres of land, located at Fish Lake. The lake is 4200 feet above the level of the sea. While this altitude is rather too great for all classes of consumptives, it is the intention to put there those who are fairly strong, and can stand the rare atmosphere, while the other classes of patients will be placed at a lower altitude. Dr. Fagan, the Secretary of the Provincial Board of Health, is very much interested in the project, and is pushing it with much vigor.

* * *

In former days it was customary for sedate newspapers to have their reporters describe scenes in legislatures, without prejudice. If the editor had anything to say, editorially, that was his business; but the reporters were directed to report things as they happened, without showing any bias one way or the other. The reporter for the Salem Statesman throws considerable prejudice into a report he gives of a discussion of the osteopath bill, taken part in by Dr. McCallon. He tells that the Doctor "finally lost patience and snorted," etc. In his report he states that osteopathy is "a scientific method of handling certain cases"—a claim that is in serious dispute. It is a wise reporter that can with a flourish of the hand dismiss a subject so completely and leave nothing more to be said.

* * *

In a recent number of the Oregonian, "A Portland Physician" says some pertinent things anent an editorial that appeared a few days before in that paper. The writer of the letter concludes with the following excellent remarks: "'M. D.' added to any name should, at least, insure a patient against malpractice, should protect him from being victimized and losing his life through ignorance of the proper procedure to save it. Instead of enacting different laws for different schools, fighting over creed or method, laws should be passed which make any doctor a good doctor, as far as education or fundamental knowledge of the necessary branches can make him one—laws which will protect the public and protect the

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doctor by protecting both against ignorance. Then, doctors will take pride in the name, and charlatans and quacks will use it at their peril."

It is worthy of note that for the present the Washington State Medical Association has abandoned the symposium plan for papers at its annual meetings. There have been in Oregon those who pointed to the Washington plan as something better than they had at home. The managers of the Washington program have found, though, that owing to the inevitable failure of some promised writers to appear with their papers, the symmetry of the symposium was destroyed, and besides, the plan involved much repetition and encroachment of material of one paper on another. At the next meeting, which will be held in September, the members will be requested to write upon any subjects of interest they may select. Probably one day will be devoted to surgery, another to medicine, and a third to miscellaneous subjects.

In the King County Hospital at Seattle there are two wards for tubercular patients, located some distance from the main building, and designed to accommodate a score or more patients. These patients are treated in tents, and while many of them have died, yet there has been sufficient success to be exceedingly gratifying. Many of the patients were too far advanced, in the disease, to make their recovery possible. Dr. Willis H. Corson, who has charge of the tents, says that experience shows the Japanese not to be very susceptible to treatment. The Scandinavians are more easily benefited. They will obey instructions. During the late severe weather the tents were open just as when the weather was warmer, and the patients did not complain. The present tents are on the lowlands, and Dr. Corson believes that better results would be obtained if they were higher up.

Idaho seems to be the home of the proposition that there should be an appeal taken to somebody from the decision of a medical state board which refuses to give an applicant authority to practice medicine. The question of taking appeals seems to be inherent in the minds of some people. Perhaps it is a product of democracy. Some lawsuits can scarcely ever be determined, because of never-ending appeals. Sometimes it may be that wrongs are thus righted; but who would be the higher court of appeal from the decision of the State Medical Board? A few years ago in Idaho it was attempted to appeal to a district court, and a judge had the temerity to pass upon the questions and answers put to the candidate for medical honors. That proved to be a farce, as any sane man can see would be the case. The opponents of the present system in Idaho tried to effect a change by taking an appeal to a medical school, which was even more farcical.

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Editorial Notes

A Legislative Failure.—The lawmakers at Salem decided not to appropriate money for the establishment of an institution for the care of people suffering from tuberculosis. The specious argument to the effect that such an institution would serve as a magnet to draw all the tuberculosis patients of neighboring states, appealed to the members as a strong argument. If this were not enough to prevent the passage of the bill, another wise man stated that if the state establishes a sanatorium for the consumptives, then the next session of the legislature would be appealed to by those suffering from other special ailments to establish institutions to care for them. This was too much for the legislator, and he concluded after considering these arguments, that he would not be justified in the eyes of his constituents in expending the money asked for. So the legislators have gone home for another two years, and nothing has been done in this line. Something has been gained by the campaign that has been waged. But this is, after all, a poor and inadequate result of all the effort that has been put forth to secure this much-needed institution.

The Need of Fresh Air.—Among the Herculean tasks that present themselves to those who desire to see a higher standard of resistance to disease maintained by the human family, is that of securing better ventilation for public buildings and private homes. One wonders sometimes if the architects of the day are unable to provide proper ventilation for public buildings without opening windows that blow a frigid draft upon the heads of the audience, or whether they are handicapped by the folks who employ them, in that they will not agree to the extra expense that such an arrangement would entail. Churches, theaters and other public meeting places are often stifling to the person who comes in from the outside, and the first sniff of the inside air gives a warning that that is no place for one to venture for any length of time. All kinds of physical trouble follow in the train of breathing fetid and stale air. The tone that is so desired for those who wish to enjoy life, cannot be maintained unless plenty of good air is constantly furnished the lungs, and yet tens of thousands of people every day, carelessly or wilfully deprive themselves of this great boon. A lack of proper appreciation of the needs of the lungs is the cause of this state of affairs. The public needs educating; and people who have much more than average intelligence on other matters, are wonderfully short of information on the necessity of a constant supply of pure air being supplied to the breathing apparatus of those who would retain good health. A campaign of education along these lines is overdue, and the public schools would be an excellent place in which to begin.

A New Cabinet Officer Needed.—The efforts being made by physicians all over the country to secure the creation of a Commissioner of Public Health, with a place in the national cabinet, will doubtless result in success. It is hoped that it will come within two years. If not, it will surely come later, if it is followed up with proper persistence. The necessity of more adequate control of the problems of sanitation, pure food and contagious diseases, calls for new

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means of dealing with them. The department of agriculture has the pure food matter in charge. The marine hospital service which took charge of the yellow fever epidemic in New Orleans in 1905, is a branch of the Department of the Interior. The sanitation of the large cities is a growing problem. It is more than local in its ramifications; it is, with the present means of intercommunication between the states, federal in its effects. There should be some means devised that will prevent the federal authorities, in the working of the new department, from clashing with the rights of the state. Doubtless there may be friction. Some fire-eating advocate of states rights may claim that the preservation of these alleged rights is paramount to the preservation of health and life. Thus, in the preparation of a measure providing for the new department, great care must be exercised in order to prevent undue friction. There is a growing feeling abroad that prevention of disease, and conditions under which diseases spread among human beings, is about as important as any duty with which government exercises its functions, and it is hoped that this feeling will in due course become crystallized into action.

Missionary Work to Be Done.—Referring again to the lamentable failure of the late unlamented legislature of this state to provide for the establishment of a sanatorium for the care of tuberculous patients, it may be said that there is nothing to do now but to continue the plan of public education looking to legislation two years hence. "The secrets of the profession of one decade become the common knowledge of the next." A few years ago a wave of popular education passed over the country, and now every school boy knows that his appendix is on the right side, and that pain on that side should not be neglected. A few years ago the public had the belief that if once it was demonstrated that a person had tuberculous lungs, however slight the affection might be, his doom was written, and it was only a question of a short time when he would be numbered with the great majority. Today the public, who really holds the purse strings, and puts up the money for prophylactic measures, is learning that those notions were not in accordance with the truth, and that taken in time, tuberculous affections of the lungs are amenable to proper treatment. A campaign of education is what is needed to enlighten future legislatures, and while we may mourn the loss of two years, yet two years is but a short time in the history of a state. In the meantime, there are wealthy men who should interest themselves in this matter of the unfortunate consumptives who have no means to pay for treatment. The medical profession has done excellent work in this state in the past few years, in educating the public, and has at least made some impression on the legislature. The thing to do now is to make it an issue of the next election—the establishment of a sanatorium for outdoor treatment of the consumptives who are unable to pay for treatment themselves. There is time enough, and the subject is of sufficient importancce, to make an impression on the people of the commonwealth, and by energetic missionary work, secure the needed appropriation two years hence. During that period, the Open Air Sanatorium at Milwaukie will continue to be a valuable object lesson.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

PREVENTIVE MEDICINE

There comes to us in one of our contemporaries, an article written by a most energetic writer, strenuous investigator and active discoverer, in which we find the following query: "From what source does the physician derive his income—from the diseases he prevents or from those he treats?" The writer says that "one of the fetishes of our day is Preventive Medicine;" and he adds that "preventive medicine as applied to the duties of the practician of medicine at the present day, is 'rot.'"

It is true that further on in the article he asserts, a fact obvious to everyone, that "the medical man of today cannot as yet limit himself to preventive medicine, but is compelled to treat diseases after they have arisen, as he finds them prevailing." Which is very true. But even with this qualification, there are few members in the profession, we venture to say, who take the view of this writer as to preventive medicine being "rot." In the states on the Pacific slope there is absolutely no question whatever as to the earnest, continuous action taken by the medical profession in the direction of preventing disease. It may be that the sordid view suggested occurs to some people, but honestly and sincerely it seems that the profession of these states are working to prevent disease rather than to cure it. The layman who is looking after the almighty dollar all the time, sometimes expresses astonishment at this situation. He sees clearly that the doctors would make more money if there were frequent outbreaks of typhoid fever; if means for preventing the spread of tuberculosis were not taken.. Yet wherever the battle is being waged against the diseases that carry off humanity, the physician is at the forefront, and he is found using the special knowledge which he has acquired by study and experience, in warning the public authorities against the disasters that threaten from unsanitary conditions. It may be true that he derives more income from the diseases that he treats than from those he prevents, and yet he is not influenced

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a particle by this fact. Prevention of diseases—honest endeavor al ng this line—always at the front—this is the attitude of the typical physician of the day.

The business world of today is very earnest in its efforts to secure the dollars. We have no criticism of this state of affairs. But the doctor early learned in his career that while the laborer is worthy of his hire, he would cause a public scandal if he were to strive to increase the woes of mankind that he might profit thereby. In the same way, if he must not coin dollars as a result of increasing the woes of his patients, he must even curtail his income, if that be the result, by speaking when he sees errors being committed that should be corrected.

It is a cause for rejoicing that the physicians of today are as busy doing altruistic work for the prevention of disease, as they are in their efforts to cure. Wherever there is a movement, in any community, for pure water—for an improved sewage system—for a more sanitary method of the disposal of garbage, there the physician will be found with the most practical suggestions. Not for a moment are his pecuniary interests considered by him, along the line that the more sickness there is the more fees he will receive. It is a question if he is ever even tempted to consider that phase of the matter. If a fight by the physicians of the country for prevention of disease can only be expected to come with the millenium, then the millenium has come, at least in this section of the country.

A FORM OF GRAFTING

When a man who is inordinately rich, and who proclaims that it is a disgrace for anybody to die possessed of a large fortune, gives away millions to libraries or to educational plants, there are those who assert that a better way might have been found to dispose of his wealth. For example, hospitals might have been founded—general hospitals, and institutions where special diseases might be treated—hospitals for children that are not now properly cared for—hospitals for the poor, who suffer in silence because they are unable to pay the ordinary hospital charges. But before these rich men endow hospitals all over the land, inquiry might well be made to ascertain if there is not some way to avoid the many abuses of the free treatment that is offered to the poorer branch of the public. There is a very strong objection being urged in some parts of the country against indiscriminate free treatment at dispensaries and elsewhere; for many people who are well able to pay for treatment, glory in their ability to hood wink the authorities, and secure free medicines. Many a struggling city physician is deprived of the opportunity of earning a living, because so many patients accept hospital alms. It is not long ago since a man, living outside of Portland, who was amply able to pay legitimate hospital and surgeon's bills, was bragging that he had

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taken his wife to a Portland hospital; had paid a dollar a day and secured for that sum a room, board, nursing, and a difficult surgical operation that had cost him nothing extra. While one's heart is often touched at the sight of suffering which should be alleviated by charity, because there is no other way to secure its alleviation, yet there should be a better system than now exists in most cities to weed out the grafter, who is seeking for services for nothing, that he can well afford to pay for. Theoretically, self-respect of the individual should be a sufficient safeguard against abuses of this character, but actually, it is not.

A GREAT FIELD FOR LABOR

All is not as serene as it should be in the state of Illinois. It is true that it is the home of the headquarters of the American Medical Association; here the energetic secretary-editor, Dr. Simmons, lives, and breathes forth every week the gospel of unity and organization. But we have no less an authority than Dr. McCormack stating that notwithstanding all this beneficent influence, notwithstanding that "the laws are strong and need to be perfected only in detail; the officials charged with their administration are most excellent men personally and professionally, and yet ground has been steadily lost until, probably to an extent not true of any other state in the Union, it is a veritable paradise of quackery in every conceivable form." Dr. McCormack says further:

"The secretary of the State Board of Health wrote me that he is sure that he has back of him the support of the rank and file of the profession, but I found constant evidence that he is mistaken on this point, and this opinion was confirmed by those to whom he referred me for information. The more or less open antagonism between the leaders of the state society and the board has begotten a spirit of apathy and hopelessness about improving and enforcing both the medical and health laws almost coextensive with the state, and with such a state of affairs it ought not to be surprising that the united forces of quackery have had an easy time of it."

All of which leads one to observe that what looks as though it might be a golden road to success in almost any line of endeavor, often turns out to be a mud road to failure. Many of the measures taken by the organization have been wise, beyond a doubt. The education of the public along the lines of prevention of disease is certainly a proper measure. The hardest thing to accomplish, apparently, is to convince the public that the medical profession, in its constant efforts to secure legislation in every state, preventing fraud on the part of quacks, is actuated by motives of altruism, and not by motives of selfishness. This is the hardest work that presents itself today to the profession. It often happens that state boards of health, not composed entirely of medical men, are semi-political in their character, and they are liable

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to play to the galleries. Good laws are not enforced. Venal newspapers that are interested in securing advertising, regardless of its being fraudulent or not, sympathize largely with the men who bring them dollars, if even those dollars are coined out of the sufferings and woes of a deluded patent medicine buying public.

It is not enough to enact laws. When this is done, a step has been taken in the right direction, it is true; but there must be a public sentiment back of such laws, or they cannot be enforced. When one gazes at the rock-ribbed ignorance of the general public in such matters; when one realizes that nine grown people out of ten are willing to diagnose their own ailments, and prescribe for themselves from the shelves of the patent medicine side of the drug store or corner grocery one sees what an enormous task there is before somebody to bring order out of chaos. There is no state in the Union where politics is played to a greater extent than Illinois, and to this fact is partly due, perhaps, the fact that Dr. McCormack finds discouragements there, and his letter regarding medical affairs in that state indicate something akin to blank despair on his part.

EXERCISE AND ITS DANGERS

Our former townsman, Dr. Woods Hutchinson, publishes an interesting article in the current number of Harper's Magazine, entitled "Exercise and its Dangers." It is written for popular reading, and the Doctor says many things already well known in his usually incisive style. While this is true, yet the doctor's characteristic whether addressing his fellow members of the Portland City and County Medical Society, or writing for the magazines, is somewhat after the style of Whistler, who is reported to have been in the habit of saying—"I am not arguing with you; I am telling you." As an example of his positiveness, Dr. Hutchinson says: "The country is the best place for children, but the finest adult development, physical as well as intellectual, will be secured in the city." He makes an excellent plea for less prolonged and fatiguing exercises, which are often taken as a matter of conscience "to build muscle." He calls attention to the fact, long known to those who have made any investigation of the subject, that the champion athlete is extremely short lived, and highly subject to disease, not only of the heart, but also of the lungs. The Doctor pleads for the six hour day; claims that the farmer is killing himself by overwork, and that the city worker is pursuing healthful methods in working eight hours and then stopping. The following paragraph is excellent as stating in plain language, which the layman may understand, an obvious truth: "It is not difficult to determine where the dividing line falls. In fact we have an instinct for the purpose. So long as exercise gives us pleasure, exhilaration, it is doing us good. When we cease to enjoy it, it is either neutral or harmful physically. The athlete will, and the day-laborer must, persist far beyond this line—and die early in consequence. A reasonable amount of non-enjoyable exercise is, of course, perfectly consistent with health, but of no advantage to it."

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THE MODERN VIEW OF NEURASTHENIA AND ITS TREATMENT

By R. L. GILLESPIE, M. D.
Portland, Oregon

Read before the Idaho State Medical Society, October, 1906

Your secretary requested me to write a paper on "The Modern View of Neurasthenia and Its Treatment,"—a subject which, I assure you, is not easy, and one whose treatment is at time disappointing.

What is neurasthenia? What are its symptoms, and to what are they due? If we can answer these questions to our satisfaction, basing our opinion on an experience that is perhaps worth while, the question of what to do would naturally follow, and the results of treatment might be gratifying. This would be a natural conclusion. But when we consider the question from a practical standpoint, and say to ourselves neurasthenia, nervous debility, or nervous exhaustion is a condition and not a disease, in the same sense that we would understand from the term locomotor ataxia or affections of like character, and that our knowledge of its pathology is still conjectural and unsatisfactory—the study of its genesis and gradual development require the most painstaking observation and analysis.

Experimental physiology in relation to change in nerve cells under stimulation is throwing some light upon the etiology and pathology of neurasthenia. Now electrical excitation of a nerve in association with a spinal ganglion is followed in a few hours, not only by some diminution in the size of the nerve cells, but by a very considerable shrinkage of the nuclei of the cell capsules, and this change in the cells is found to be generally in proportion to the severity and duration of their stimulation, and five hours of stimulation produces an exhaustion and change that require twenty-four hours of rest to restore. This is significant, and when taken into consideration in connection with an individual who is neurasthenic, it brings to our minds forcibly that the condition is one of nerve tire and exhaustion, brought about by what we may term "competitive anxieties" or worry of business and professional life that civilization fosters so freely. It is not overwork that is so pernicious, but the worry and anxiety that are entailed by the assumption of grave responsibilities and obligations without adequate preparation and sufficient support. The emotional element in such cases is an important one, and brings us to the question of heredity, and that it plays an important role in the occurrence of neurasthenia is evident from the fact that over fifty per cent of the

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cases give a history of the occurrence of nervous diseases in the immediate ancestral or collateral family.

The French writers lay great stress upon the role played by the neuro-arthritic diathesis in the causation of neurasthenia, but close study has shown that no distinct frequent relationship exists between what is known as the rheumatic diathesis and neurasthenia. Patients as a rule are quite ignorant of the factors that can be held responsible for their sickness. Most of them will tell you over-work and sexual disturbances, while of the mental factors particularly emotional, such as worry, fright, strain and sorrow as a causative features are given in about one-third of the cases. The relation of auto-intoxication to the development of neurasthenia is a question to which much attention has been given, particularly acid auto-intoxication or acitonuria. The doctrine of acid auto-intoxication in man is founded on the similarity between the most important symptoms of experimental acid intoxication and certain clinical syndromes. The most important features are the reduction in the alkalinity of the blood, the increased excretion of ammonia, and the appearance of acids that are not present normally, or that at best are found in very small quantities. Haig maintains that the disease is generally due to the accumulation of uric acid in the tissues, due to diminished excretion, which is brought about by an increased acidity of the blood on account of the presence of an excess of acid salts and other products of nitrogenous metabolism. Many writers believe that undue retention in the alimentary tract of partially digested food stuffs, and the subsequent absorption into the system of toxic substances manufactured therefrom, is the starting point of the disorder that eventually overwhelms the nervous system. The importance of these factors in causing neurasthenia, is gradually becoming discredited, and the manifestations of such disorders are considered more the effect of neurasthnia through the sympathetic nervous system, rather than the cause, as so many writers would have us believe.

The effects of masturbation and over sexual indulgence are generally recognized. Pelvic disease in women and diseases of the genital organs in men have a relationship as causative factors. Frequent pregnancies and prolonged lactation produce exhaustion resulting in a neurasthenic state.

The cause depends more upon the individual than upon anything else for this reason—heredity plays such an important part.

One of the numerous factors may produce the condition in an individual while it may take all to produce it in another, depending upon his or her capacity for resistance. Some are vulnerable, while others have a nervous organization so stable and susceptible to the aid of reconstructives that they resist successfully one and all the etiological factors. Some people are born with a nervous organization that is deficient in capacity to produce neural energy; that is, they cannot maintain a proper balance between production and expenditure of energy. Such people may develop a neurasthenia as a result of any of the causes I have mentioned, while a person whose inheritance is a

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stable nervous organization will pass through life, even if exciting causes are plentiful, without materially affecting him.

In the treatment individualization is more necessary to insure success than in almost any other disease. Reconstructive agents, such as diet, hydriatics, massage, rest and exercise, change of environment and climate are all beneficial, but their successful application is scarcely the same in two cases. Treatment should and must be varied to meet the needs of each case.

There is a definite relationship to certain predisposing and exciting conditions. It is, therefore, evident that its prevention is of vital importance, and should have our earnest consideration.

While I do not believe that it is a disease of the epoch, nevertheless to a certain extent it is a sign of the times. Exciting factors have always existed, but the predisposing causes are mainly of more recent date. Our social, political and economical conditions make the struggle for existence more violent, and the prospects of a quiet life more perilous. So long as such conditions exist, and so long as mankind assumes, through choice or necessity, to cope with them, just so long will the condition continue to occur—unless by progress of evolution the human species becomes more able to resist these factors. There is little chance that evolutionary progress will hurl itself into the breach. It is therefore necessary for the individual that he may withstand the strife, to adopt measures that will tend to fortify the neural resistance. This is more necessary to him who by inheritance is handicapped with an unstable nervous organization, and prevention should begin with the development of the individual. Its prevention consists really in avoiding those factors which it has been proven by experience cause the development of the neurosis, and if it be kept in mind that it is not so much physical and mental work and overwork that cause neurasthenia, as it is worry, anxiety, depression and resulting sleeplessness and disordered digestion, the patient may be shown how to avoid a relapse, even without the curtailment of the labors and activities that are necessary for existence.

As to treatment, nothing is more certain than that the patient's mind requires as much as, or more treatment than, the body and its functions. The introspectiveness, anxiety, indefinite fear, painful foreboding, keen sense of incapacity, despite the pressing need for action; the mental depression, with its train of morbid thoughts, sleeplessness and perpetual unrest, are all no doubt lessened and sometimes overcome by the use of physical restorative agencies alone—but they are much more surely and frequently eradicated by the simultaneous use of the proper kind of psychical and moral treatment. Such psychical influence can be made most effective when used through the medium of the physical measures which experience has shown to be most serviceable in the treatment of the condition,—and as the patients are in a psycho-physical state of increased suggestibility, they furnish fruitful soil for all kinds of suggestion.

Everything that tends to remind him, or to emphasize his infirmities should be removed—his associations and surroundings should be

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changed. This can rarely be done at home, as they should be removed from sympathizing family and friends. The physician should have absolute control, and it is rare indeed that this can be had in private practice. You must change their environment,—the patients will object, of course, and claim that it will drive them mad; they will argue that such a plan may be suited to others, but on account of certain peculiarities of their mental constitution and certain necessities, a change in their own case is unfeasible and beyond doubt. Here is where the physician should assert his own individualism and inspire confidence and secure obedience.

In regard to treatment in particular, I cannot go into that without making my paper too long—here the question of individualization should govern us.

T. Sollmann, Cleveland, Ohio (Journal A. M. A., February 2-9), points out the unavoidable unreliability of most of the advertised preparations claiming to contain the digestive ferments, and cites the experiences of Wroblewski and others demnostrating the futility of mixing these mutually destructive substances in solution. There are also other incompatibilities, alcohol in particular, since it is a constituent of most of the preparations, and prolonged contact with it destroys the ferments. The only liquid medium in which they can be preserved for any length of time is glycerin. Dry preparations will keep indefinitely if protected from moisture, but their destruction begins at once with their action. The question is as to the activity of ferments, artificially introduced by the mouth in the alimentary canal. Pepsin may be thus effective to some extent in the stomach, and while the diastase of the saliva, thoroughly mixed with the food, has a good chance to exert its action there, the artificially introduced dose, having but a small surface to act on, can do but little good. The same is true of trypsin, though it may be further doubted whether the alkalinity of the stomach is ever high enough for the effective action of trypsin. If they are to act, it is necessary that they should escape destructon in the stomach and pass into the intestine, and the chances of this, considering the time the food remains in the stomach, are very slight. Digestive ferments are given with the idea of aiding digestion. They can be useful, therefore, only when there is a deficiency of ferments. This appears to be a rare condition, and they are useless when the dyspepsia depends on alterations of acidity, motor insufficiency or bacterial fermentation. Even when the ferment is deficient, we know too little of the natural adaptive processes of digestion to make our artificial medications fit the needs. When the casual condition cannot be found or remedied, we can try pepsin, as it may fit the case and is harmless. Any deficiency of gastric acidity, however, must be remedied or the pepsin will be useless.

Cold abscess and lipoma often simulate each other very closely, especially around the chest. If in doubt, aspirate.—American Journal of Surgery.

A history of attacks with symptoms of esophageal stricture and intervening periods of well-being is suggestive of cardiospasm.—American Journal of Surgery.

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DIAGNOSIS AND TREATMENT OF ULCER OF THE STOMACH

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Read before the Idaho State Medical Society, October, 1906

The modern history of gastric ulcer covers a period of about five years. Three factors enter into the production of this epoch, the application of surgery, recent pathological study and the knowledge and detection of occult blood in the stools. Much light has been shed upon the living pathology of ulcer by surgical endeavor. It has been determined that acute uncomplicated ulcer belongs to the internist, while its complications and chronic ulcer with its complications he must share with the surgeon. Statistics upon the frequence and surgery of ulcer, prior to five years ago, are of little value, for it is only during this last period that special and searching post mortem inquiry has been made. Much light has been shed upon its frequence by Dietrich, Welch and others, for contrary to old statistics, after indifferent or routine examinations which show this frequency as one-half to three per cent, its evidences are now shown to exist in 5 per cent of thorough post mortem examinations. More scars are seen than active ulcers—sufficient evidence of possible cure by medical means—sufficient, also, that we must be more careful to detect its presence. The classic picture of ulcer, with the symptoms, pain in the epigastrium, coming on one-half to two hours after meals, radiating through to the back, or around the left side, local points of tenderness in the epigastrium, and to the left of the tenth or eleventh vertebrae behind, hemorrhage frank or occult and hyperchlorhydria is usually easy enough to diagnose. In a large number, however, this complete picture is not present, and its diagnosis is a much more difficult matter. In latent cases one of its complications may be the first manifestation, such as perforation, pyloric obstruction, perigastric adhesions and subphrenic abscess. Of utmost importance are a careful history and thorough examination, not only to determine the presence of ulcer, but to determine, if possible, whether we are dealing with an acute ulcer, or an exacerbation of a chronic one. It is useless to split hairs over the question whether pain or hemorrhage in one of its forms are the most important symptoms. Both are of greatest importance. We will now take up the diagnosis from these standpoints.

First as to pain. Gastralgia. I mention this first, as at least half of the cases of chronic dyspepsia are hyperchlorhydrias, actual or

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relative, and present symptoms akin to those of ulcer, and it is in these cases we should be extremely careful to rule out the existence of ulcer. The continued presence of a more or less localized point of tenderness in the epigastrium speaks strongly for ulcer. Also, pain in the episgastrium following more or less regularly after meals speaks for the probability of the presence of ulcer, as gastralgia in gastric neuralgia, or hyperchlorhydria, is a very variable symptom. More frequently there is a distress in the stomach, rather than actual pain. The presence of hematemesis, or the appearance of blood, frank or occult, in the stool, are the decisive features. In case of doubt, however, they should always be treated as ulcers.

Chloecystitis and cholelithiasis may mimic ulcer very closely, even unto bleeding, but this feature is accidental and too uncommon to need consideration here. In ulcer the pain appears more regularly after meals and over a period of days or weeks. That of these other condition is more sporadic in its appearance, appearing usually for but a few days at a time and recurring at very irregular intervals, usually having but little relation to the eating and character of the food. The point of epigastric tenderness in ulcer is usually in or to the left of the median line. The pain of these other conditions is usually to the right of the median line, usually some point between the umbilicus and the top of the ninth rib. In ulcer the pain radiates directly through to the back or around the left side, while that of these other conditions usually around the right side toward the shoulder or down toward the umbilicus when it radiates at all. The two most distinguishing features are:

First, the local tenderness over the gall bladder, elicited by hooking the fingers of one hand under the right tenth rib, and percussing sharply on them with the fingers of the other hand, at the depth of inspiration. The other, hematemesis, or the appearance of blood in the stool.

The presence of jaundice does not occur often enough to be of much value, but when present it speaks strongly for gallstone, though it is at times present in ulcer of duodenum.

Epigastric Herniae. Small tufts of omental fat, which project through the abdominal wall beside the penetrating epigastric vessels, which sometimes, owing to their connection with the stomach, give rise to epigastric pain and tenderness after meals. These should always be eliminated by careful examination, as they are often felt, but not seen. Gastric crises of tabes and angina pectoris, intercostal neuralgia, nephroliathiasis, Dietl's crisis of floating kidney and intestinal colic should always be considered and diagnosed by exclusion. Lead colic may at times closely simulate ulcer, cramp-like pain in the colon being induced by reflex spasm, occasioned by food in the stomach.

Hemorrhage. On the appearance of hematemesis one instinctively thinks of ulcer or liver cirrhosis; secondly, of hemorrhage from passive congestion, due to chronic heart or lung disease, but are usually differentiated by careful examination. All active ulcers bleed to greater or less degree. When the bleeding is slight, its detection is

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often only made possible by the application of chemical methods. The best of these is Weber's test. This is made by filling an ordinary test tube two-thirds full of feces to which is added one-third its volume of glacial acetic acid. This is now shaken up thoroughly and allowed to stand for a minute. To this is added three cubic centimeters of ether; now, apply the thumb over the end if the test tube, and invert it three times in succession, being careful not to shake the tube too vigorously, because if this is done the ether becomes mechanically mixed, and it is difficult to regain all of it. The ether is now allowed to collect at the top and is carefully removed with a pipette. To this ether is now added 10 to 30 drops of hydrogen peroxide, or old oil of turpentine. To this is now added tincture of guaiac, drop by drop. The presence of blood is manifested by blue color.

A recent modification of this is the Aloin test; a solution of aloin is made by adding a pinch of aloin to five cubic centimters of 70 per cent alcohol. This solution is used instead of the guiacum, using 10 to 15 drops. In this case the presence of blood is indicated by the change of color from yellow to cherry, later rose red. Before these tests are applied the patient should not have eaten meat for two days, nor should preparations of iron be administered during this time. These tests are both very practical, as well as delicate, detecting the appearance of blood one part in five thousand. These tests may be applied to the diagnosis of any of the foregoing conditions.

Severe anemia may be induced by the repeated or chronic hemorrhages from ulcer. The presence of ulcer in all severe anemias should always be considered and eliminated by the foregoing signs.

Cancer without the preceding history of ulcer does not give rise to as much difficulty as those with the preceding ulcer history. The age of the patient may occasionally be of value, but we must remember that the most rapidly growing and malignant cancers are those appearing under the age of thirty-five, and that chronic ulcer is more frequently present in adult males; thus, we see that the age of the patient will not be of very great value. The more important points of differentiation are the course of the affection, under treatment, the presence of enlarged supra clavicular glands, the appearance of pus in the stomach tube, and the absence of hydrochloric acid. Formerly, the presence of tumor was considered, making diagnosis of cancer absolute, but we know that ulcer may give rise not rarely to a tumor, but still it remains, however, our most distinguishing sign, and its presence associated with pus in the eye of the stomach tube, in which all other sources of pus are excluded, makes the diagnosis practically sure. The presence or increase of free hydrochloric acid may occur and not uncommonly, in cancer, but its rapid and progressive disappearance speaks strongly for cancer. With increasing experience and wisdom one becomes more skeptical as to the value of chemical analysis in diagnosis of early carcoma. The Oppler-Boas bacillus and lactic acid have equal significance and speak for cancer and against ulcer. Their presence indicates stagnation of stomach con-

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tents, and as in ulcer free hydrochloric acid is present, these others are usually not.

Finally, where we suspect, but are not certain, of the presence of cancer, an exploratory operation should be used to clear up doubt. For practical reasons no attempt is made in this paper to distinguish between gastric and duodenal ulcer.

Treatment. Acute uncomplicated ulcer is admittedly a medical disease. Chronic uncomplicated ulcer is a borderline affection. Both internist and surgeon are treating it according to the dictates of their individual wisdom, and will be until further and more favorable reports of those treated surgically are forthcoming. A leaning, however, is toward surgical treatment. The internist must be given a fair trial, but when repeated small hemorrhages menace life; where no improvement is made over the period of one month, or symptoms recur after medical treatment, they must be given the benefits of surgical treatment. I will, of necessity, but epitomize the treatment of ulcer. We must first and always "treat the patient who has the disease, and not the disease which has the patient." Where his nutrition has already been sacrificed to the danger point, we must not reduce it still further by attempting to cure his ulcer by the starvation cure. Of great importance is the full understanding by the patient of the course, pathology and treatment of his affection, to insure his co-operation; that it is greatly desired that he spend a large portion of from one to three months in bed during the early part of his cure; also, that careful regulation of his diet must be persisted in for months, and that he must be kept under observation for that time. We, in determining a cure, must take into consideration all of the symptoms and signs before enunciated, especially the motive power of the stomach and occult blood in feces, and these for some long time after we consider the patient cured; for if an ulcer in healing seriously contracts the pylorus, the patient will have a recurrence of symptoms, particularly those of obstruction. The occasional examination of the stools must be made for the appearance of occult blood at intervals for a period of months.

The first and greatest consideration in the treatment of ulcer as to individual measures is rest, bodily and local, and the protection of the ulcer from irritation. Bodily rest is obtained by bed treatment for from one to three months. This not only fulfills the consideration of rest, it conserves energy and nutrition; hence less food will have to be given. Whenever feasible, rectal feeding and abstinence of feeding per mouth for a week should be instituted. This requirement is absolute in case of recent hemorrhage. Nutrient rectal enemas should consist of four ounces of milk which has been peptonized for two hours, given four times a day, and preceded by a cleansing enema. In case of irritable rectum, fifteen drops of tincture of opium should be added. At the end of a week, or if mouth feeding before is necessary, flour gruel in quantities of four ounces, and egg albumen are given. One may be alternated with the other, or if the stomach is irritable, egg albumen may be given alone, or either may be given with the

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careful use of the stomach tube. Regarding the use of egg albumen, Dr. Howard Kelly has recently advocated an exclusive diet of it in protecting the field of operation about the rectum, and has kept patients, whose nutrition had already been lowered, for from two to three weeks, upon it. Where pyloric spasm plays an important role, longer abstinence from food is necessary, and the feeding of very small quantities per mouth when begun, two ounces at a time at two-hour intervals, gradually increasing the intervals and quantity. During the second and third weeks complete rest in bed is continued, an increase in the quantity of milk, egg albumen, cream, butter, and at the end of three weeks soft boiled egg and scraped beef may be given. During the fourth week chicken and fish. Upon the general condition of the patient and individual symptoms depend our further course, and especially the addition of other articles of diet.

The general plan of chronic ulcer is the same, except that the individual courses of rest and diet are prolonged to suit requirement. The medicinal measures are of secondary importance. European authorities, however, especially those on the Continent, lay much stress upon the bismuth subnitrate, silver nitrate and olive oil. Boas, Riegel, and Conheim, all speak favorably of silver nitrate in acute cases. Conheim, in his recent work, strongly advocates the use of olive oil for the relief of pain and pyloric spasm, given in tablespoonful doses, twenty minues before diet is taken. Personally, I have found it of decided value. It also counteracts the tendency to constipation when bismuth is given, and to a less extent acts as a food. The experiments of Pawlow demonstrate that olive oil diminishes the production of gastric juice. Bismuth subnitrate enjoys most favor in chronic ulcer, being used mainly as a mechanical protective. Probably the best mode of administration, and least likely followed by constipation, is that of Conheim. Two drachms, stirred into a glass of warm water, are taken in the morning before rising, after which the patient lies partly on his back and right side for one-half hour.

Belladonna fulfills two purposes, that of relieving pain, and that of diminishing gastric juice. It is best given in one-eighth and one-quarter grain doses, with 30 grains of sodium bicarbonate, one-half to one hour after meals. Morphine should be used in all acute hemorrhages, but only as a last resort for pain.

Saline Waters. The experiments of Van Noorden have shown that many cases of hyperacidity and catarrh are rapidly and permanently cured by the ingestion of saline waters. Conheim follows his preliminary treatment by six weeks of Carlsbad therapy. A heaping teaspoonful of the artificial Carlsbad salt may be given in a glass of warm water every morning. Von Ziemssen is also an advocate.

Mechanical Measures. Of these hot fomentations are of decided value in diminishing pain. *Acute hemorrhages* should be treated by medical measures unless repeated. If repeated more than three times Rodman states that resort to surgery should be had. Operative measures during the bleeding is bad surgery. At the time of the hemorrhage the patient should be placed in bed, the foot of the bed ele-

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vated, and one-half grain of morphine given hypodermically. Rodman lauds the use of irrigating the stomach with hot water at temperature of 120 to 130 degrees. Thirty minims of one to one thousand Adrenalin solution administered every two hours per mouth may be of value. Ergot is of questionable value. If hemorrhage is profuse, bandage the extremities and give subcutaneous salt solution.

A word of caution should be sounded against the use of stimulants and intravenous injections.

Surgical Treatment of Ulcer. That organic pyloric obstruction, beginning cancer, hour glass stomach, and repeated hemorrhages are fit subjects for surgical treatment, it is agreed. The most debated ground is uncomplicated chronic ulcer. Most surgeons believe in giving the chronic ulcer a fair chance with medical treatment.

Rodman places the limit at four weeks with no improvement. In pyloric obstruction gastro-enterostomy is of greatest value. In absence of this, it has little use, because the anastomotic opening usually closes sooner or later.

As Dr. Ochsner wisely remarks, "Gastro-enterostomy is an unsatisfactory operation, but it is the best operation that we have to date. The physiology of digestion as worked out by Pawlow, Kelling and Cannon, shows how important is the retention of food in the stomach the proper length of time. The intermittent opening and closing of pyloric sphincter, and the normal stimulus to intestine secretion of food passing along the duodenum, these are all circumvented by gastro-enterostomy. Gastro-enterostomy has been followed by ulcer of the duodenum. Our enthusiasm for gastric surgery must then be tempered by these considerations."

Dr. Mayo recently made the assertion that he so far has never published an article on gastro-enterostomy in which treatment was satisfactory by the time the article appeared in the journal to which it was sent.

Theoretically, the Finney operation of pyloroplasty best fulfills conditions, and does not circumvent the passage of food over duodenum. Finney, after increasing experience, especially with pyloric adhesions, states that these are not contraindications to his operation. Its present use by other men is in cases associated with persistent pyloric spasm. Rodman's operation of excising the ulcer or ulcer-bearing area, is receiving serious consideration. The best surgical procedure for repeated hemorrhage consists of direct suture, gastro-enterostomy proving very uncertain. A large number of end results of operated cases must be examined before conclusions can be reached.

That 60 per cent of cancers in the experience of Mayo and Graham have been preceded by ulcer, speaks mutely for the earlier and more thorough treatment of ulcer.

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TECHNIC OF ABDOMINAL OPERATIONS

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Read before the North Idaho District Medical Society.

My object in this paper is to emphasize the importance of perfected technic and finished detail in abdominal surgery, particularly in its bearing on the final results of the operation.

In our earlier operations we overlooked much in the matter of detail in our anxiety to operate rapidly and to get our patient off the table in the shortest possible time. The wisdom of this method becomes more and more dubious as we find these patients returning to us later with discomforts arising from adhesions, or discharging sinuses, or the so-called accidents of surgery, which a little pains at the time of operating or a more perfected operative technic might have obviated.

Many of our foremost surgeons have freely expressed themselves on this subject. Our present head of the A. M. A. stated in his clinic a few days ago that he and his brother had abandoned the plan of performing a particular set number of operations each day, but that they attended more to the detail of each case without regard to time or the amount of work mapped out for the day.

In Moynihan's book on "Abdominal Operations," we find the following expression: "Success in abdominal surgery, as in all the affairs of life, depends very largely upon the observance of details." "In the careful examination of the patient, with reference to both local and general conditions, in the strict preparations for a few days before the operation, whenever possible; in neatness, rapidity and thoughtful planning of the operation—in all these there lies the means and secret of success."

J. B. Murphy writes that "the day of lacerating, contusing, compressing and traumatizing tissues and organs in operation is passing." "There is a growing admiration for systematic and artistic operative work, and with it a diminution of the deaths from surgical shock and sepsis, and convalescence is less protracted."

In a recent conversation with a surgeon of large experience in our own section, he expressed himself emphatically as paying more attention to the details and technic of the operation and less to the hands of the clock.

From these expressions, then, we may infer that successful surgery means something more than mere knife and needle work, and that our foremost surgeons are bending their energies toward maintaining a perfected technic and a mastery of detail which so largely contribute to the ultimate success of the operation.

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As with few exceptions the same technic is applicable to all abdominal operations, no attempt will be made in this paper to cover special operations. Neither is it our purpose to describe unusual or distinctively new methods, but rather to lay stress upon the methods that have been tried and found satisfactory.

Assuming that the highly important matter of preparation of patient, surgeon and assistants has been thoroughly carried out, we will consider first the incision. The location and direction of the incision formerly made without regard to the conservation of the parietal motor nerves in abdominal section are now selected with the greatest care. In the median incision we have little to fear from dividing nerve trunks, as only small fibres cross the median line. This incision can, therefore, be extended almost at will with perfect freedom. In the lateral incisions the muscle splitting method meets with favor, as such openings can be enlarged to a limited extent with the fingers without resort to cutting, thereby minimizing the danger of nerve section. In addition to this there is the added advantage of not cutting across muscle fibres.

Important as it is to preserve the parietal motor nerves and to limit as far as possible the extent of the incision, yet this is of minor consequence as compared with the importance of having ample room to carry on our intra-abdominal manipulations. A cardinal rule in surgery is that when freeing an adherent viscus or delivering a tumor mass the operation should be conducted under the eye of the surgeon. The incision should always be long enough to permit this.

After opening the abdomen a general exploration should first be made exploring the region of the gall bladder and liver, the stomach, especially the pylorus, the head of the pancreas, the renal areas, the right illiac fossa and the pelvis. There may be certain conditions which would not warrant the surgeon in making such a general exploration, but as a general rule it should be made, and made the first thing. The practice of first removing a diseased, perhaps perforated appendix, or a pyosalpinx and then exploring the general cavity, is greatly to be deplored, yet this is often done. Having satisfied himself fully as to the pathology of his case, the next step and by no means the least important, is to perfectly isolate the field of observation, walling it off from the rest of the abdominal cavity. This can ordinarily be accomplished by employing large gauze pads, holding back the intestines, thus giving the maximum of space and preventing the spread of contamination from diseased and inflammatory tissues during the manipulations. These pads, when once adjusted, should be left in situ throughout the operation, excess of fluids being taken up by other sponges placed in front of these. This secures the minimum of handling of the intestines and therefore lessened irritation and trauma.

In the use of gauze in the abdomen it has been shown that there is less irritation produced if the gauze is wrung out of warm sterile normal salt solution. Dry gauze is rough and irritating and easily rubs off the delicate layer of endothelial cells, thereby increasing the likelihood of adhesion formation. The distribution of gauze in drainage

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has much to do with the formation of permanent adhesions. If the gauze is placed here and there between the coils of intestines adhesions are sure to result. Best results are secured where it is possible to wall off the intestines on one side of the drain and the parietal peritoneum on the other side. Where the drains have been placed between coils of intestines and adhesions form there is always danger of post-operative obstructions from these contracting bands.

Drainage is not enjoying the indiscriminate usage of former years. In a remarkably clear and exhaustive article by Yates on "Local Effects of Peritoneal Drainage," he states as follows: "General peritoneal drainage is a physical and physiological impossibility, because of the functional incapacity of the drainage through (a) the early application of serous surfaces to the drain secluding it, and (b) the subsequent formation (in less than two days) of an encapsulating sheath of fibrinous exudate and adhesions excluding it from the general peritoneal cavity." "The drain discharge is the result of an inflammatory reaction flowing out in the (drainage) paths of least resistance, from (1) a potential cavity formed by close approximation of serous surfaces which later become (2) an actual cavity by the action of a plastic fibrinous exudate forming encapsulating adhesions. The nature of the drain is of but relative importance in determining the degree of irritation and the extent of the consequent inflammation. After the drain tract has once become an extraperitoneal cavity, the physical qualifications of the drain may have a material influence upon the rapidity of discharge."

This writer further states:

The less irritating and protracted the drainage the less extensive the resulting adhesions, which are, therefore, less liable to be persistent."

Again he states:

"After a drain is inserted, all intra-abdominal movements should be reduced to a minimum. As soon as the drain is removed intra-abdominal activity should be stimulated to aid the disappearance of the remaining adhesions." "Postural methods, unless destined to facilitate encapsulation, are both futile and harmful, as far as drainage is concerned."

While this last statement of Dr. Yates may be true as far as it refers to the quantity of material to be drained from the abdomen, nevertheless I think that there are certain advantages to be secured, for example, from the Fowler's position in preventing the gravitation of infectious material toward the diaphragm.

So much for drainage, and I am afraid we have digressed from our subject a little, but the question of drainage is such a large one and there is at the present day such a diversity of opinion, that the rather radical conclusions of Dr. Yates so carefully worked out are of considerable interest.

The one thing which excites our admiration today is the ingenuity with which our surgeons cover over all raw surfaces. The appendix stump is inverted and peritoneal layers united over it, the meso-

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appendix is carefully whipped over with the raw edge turned in, the uterine appendages are no longer tied off en masse, leaving a large raw stump, but the uterine and ovarian arteries are carefully isolated and tied separately, and the stumps are buried between the infolded edges of the broad ligament. Greater care is taken to preserve the supports of the uterus.

In cholecystotomies we no longer find it necessary to stitch the gall bladder to the parietal peritoneum, thus forming a permanent adhesion with subsequent pulling and discomfort; but after the drainage tube is inserted and secured with a purse string suture, the gall bladder is permitted to fall back naturally into the abdominal cavity.

When large areas have been denuded, as in stripping off adherent structures in the pelvis, these areas should be covered either with omentum, that surgeon's friend which seems to come down seeking out raw surfaces where it is needed, or if inaccessible to the omentum, it is sometimes feasible to draw over the sigmoid and stitch in position, thus covering the raw surfaces. Any laceration or tears on the intestine should be covered with scrupulous care and immediately, as small tears, if not attended to at once, may pass out of sight of the surgeon and escape unheeded.

In the toilet of the peritoneum, it is now generally conceded that the flushing out of the peritoneal cavity with salt solution is unnecessary and harmful.

The abdominal closure is perhaps most universally made in the tier method, taking care to have the serous surfaces of the peritoneum approximated and not permit the edges to turn down, thus favoring adhesions with the underlying viscera.

The Physiologic Action of Alcohol.

W. S .Hall, Chicago (Journal A. M. A., February 2), discusses the relation of alcohol to living protoplasm, pointing out that it is a normal product of metabolism of the yeast fungus; that it belongs to the class of substances that are completely metabolized and is passed out because its existence is destructive to the living cell; in short, that it is an excretion toxic to the organism that produces it. An excretion of ths type s also toxic to hgher organsms, and this is the case with alcohol. Admitting that it is oxidized in the liver and produces heat and that it may lead to decrease in the catabolism of carbonaceous foods, the heat produced is not a normal catabolism, but is simply the result of a protective oxidation, which is insufficient, the toxic action showing in its narcotic effects. The decreased catabolism of carbonaceous and nitrogenous foods following the ingestion of a narcotic is a universay fact depending upon the drug effect and giving to the oxidized arcotic no significance as a food. It may be said, he says, without reservation that ethyl alcohol is not a food in the scientific significance of the word. He closes his paper with a parallel statement of the antitheses between alcohol and food.

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EXPERT TESTIMONY ON INSANITY

By WALTER EVERLY, M. D.
Seattle, Washington

Public attention has recently been attracted to the large number of cases in the courts, all over the land, wherein persons charged with the crime of murder, have been acquitted on the plea of insanity. The public is now looking anxiously for the reason. Is insanity so largely on the increase, or is the plea of insanity being used as a cloak to cover actual and responsible criminals? If it be really true that the many cases of homicide and suicide occurring at the present time are due to insanity, must it not also be true, that many of the criminals now incarcerated are in reality insane, and should be given freedom and treatment? It is indeed unpleasant to think that such acts committed heretofore and looked upon as punishable under our criminal laws, are at present excusable in the light of recent views of the bar and medical profession.

As a matter of fact the medical and legal professions, and the general public are today confronting a problem of great importance in the consideration of the relation of insanity to crime—important because it involves, not only the protection of the insane, but the safety of society.

We find that there has been a gradual gain in the scientific knowledge of insanity, especially in relation to the treatment and cure, but we must admit that we have no definite test as yet for detecting minute degrees of mental disturbance, and necessarily the question of the degree of insanity rendering a person irresponsible for his acts, will ever be one of uncertainty.

There are such wide diversities in individual characteristics that it is impossible to draw a hard and fast line between sanity and insanity. The only basis we have for determining insanity is by comparison with a normal mean standard, as existing in the mind of the average man. And so it is that the question of responsibility for criminal acts, committed while insane, resolves itself into the determination of the degree of insanity of the one who committed the crime and the decision as to whether or not he was responsible for his act at the time.

The legal and medical professions have always differed in regard to the kind and amount of mental disease exempting from punishment for crime. At the present time the man's power of controlling his actions seems to be the best test of responsibility and no act is considered a crime if the person who commits it is, at the time, prevented, either by defective mental power or by any disease affecting his mind, from controlling his own conduct, unless the absence of power to control has been produced by his own fault.

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Undoubtedly much was done toward preventing the manifestations of insanity in crime and toward stimulating the power of self-control by the earlier habit of carrying arms. The criminal then drew the line for himself between sanity and insanity when he made an attack on a man known to be armed. But in the natural evolution of society and ethics all primitive forms of justice have been abolished and we look to the laws, the learned judges and twelve good men and true to mete out justice to all criminals and to determine upon the facts just how far each one is responsible for criminal acts.

In order to do this the jurors should have an understanding of the case sufficiently comprehensive to warrant them in rendering a decision upon which depends, not only the safety of the prisoner, but that of the community. For this reason much latitude must necessarily be allowed in the admission of evidence, especially does this necessitate the liberal admission by the court of expert testimony before the jury.

Often the error, if any, lies in requiring the medical expert to give his testimony without having heard the whole facts, properly put before him, on both sides of the case, and without having an opportunity to properly weigh the evidence before expressing his own opinion. In a great many instances the medical expert is required, upon a brief statement of facts, supposed to be true, as expressed in a hypothetical question, to state his opinion as to the sanity or insanity of the person charged with crime. If the expert had the same opportunity, with the jurors, to observe the demeanor of the witnesses and to weigh the evidence of the case at bar, his opinion might be different, in a great many cases, from his opinion stated merely on the hypothetical question.

Jurors are good judges of conduct and general demeanor, as based on facts, and are, in the main, fairly representative of public sentiment, in its best and most just form. Given the facts alone, in a simple and straightforward manner, they will decide in accordance with justice. The danger of the present practice of requiring the medical man's opinion on a hypothetical question, correct though it may be, lies in the liability of the jury to construe such opinion of the expert witness as an instruction as to the findings of fact. The effect, then, of the expert testimony, may tend to form, in the minds of the jurors, opinions which change their own judgment and force them to a decision, not on the facts, but upon the opinions formed from the expert evidence which they have heard. This, in effect, amounts to instructing the jury as to the facts, whereas the jury should receive instructions only in the law and this instruction should come from the judge alone.

By permitting experts to answer on hypothetical questions the natural instincts of each juror exercised in forming his own opinion may thus be set aside and the value of the verdict destroyed. This is not fair to the juror. Neither is it fair to the medical expert, for, in giving his opinion as based upon years of research and practical

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experience, the medical expert subjects himself to the criticism of the entire community.

The physician recognizes insanity even in its incipiency and each case appeals to him from its medical aspect. Is it curable or incurable and what method may best be employed in the cure and prevention of insanity and the crimes resulting therefrom? The medical profession is lauded for its untiring energy in the discovery of new phases of disease and in devising new methods for relief and cure of such disease; yet when the medical expert gives his honest testimony on a hypothetical question, as submitted to him, he is attacked at once as a man paid to express a certain opinion. This is unjust.

Expert testimony should have the consideration which is its due; it should be used to aid the jury, not to give rise to uncertainty and confusion.

Would it not be better practice to let the medical man have the opportunity of a juror, to hear and weigh the evidence of the case at bar properly produced under the direction of the court before delivering his own testimony?

The modern court procedure with its jury and experts, is like a blind man being guided by a cripple, each retarding the other. They may arrive at their destination, but how much more surely and quickly could a man with perfect eyes and limbs cover the same ground.

If medical men are to aid in this difficult work of determining whether crimes committed on the borderland of mental disease are punishable let them be placed in a more satisfactory position before giving evidence. Medical men, in giving expert testimony, should not be looked upon and treated in the witness box as partisans—a position we all resent as derogatory to science.

The present methods of trial are far from perfect, for many persons condemned for the crime of murder are afterward found insane by private medical inquiry. The fault, then, lies in the modern method of court procedure. Medical and expert knowledge of the diseased brain has advanced throughout the years. Public opinion has not changed, materially, for it has always been lenient toward the feeble-minded and insane, and always ready to punish crime.

The law, however, has not kept abreast of the times and it is for the courts to devise some means whereby the simple justice of a jury trial may be retained in the light of advancement made by modern medical science.

THE PHYSICIAN.

Through hours of toil unbroken
By intervals of rest,
The physician daily labors,
To give his skill, the best.

And some may thank him gratefully,
Ad some forget, indeed,
And a few will know him only
When in the hour of need.

Yet, love for his own effort
The recompense will bring,
And crown him with its laurels,
More worthy than a king.

AMY D. CURRIN, M. D.
Payette, Idaho.

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DIFFUSE SEPTIC PERITONITIS

Ay T. J. COSTELLO, M. D.

Read before the Idaho State Medical Society, October, 1906

The Secretary has asked me to discuss some phase of the surgical treatment of peritonitis, and I responded with reluctance, for I feel that with my limited knowledge and experience I will not be able to do the subject justice. I hope, however, that a free discussion will follow, in which I will have an opportunity to learn more about the subject.

It would be of little use in a brief article to take up the surgical treatment of peritonitis in a general way, so I have selected what I consider the most important phase of the subject, viz: "The Treatment of Diffuse Septic Peritonitis."

From time immemorial diffuse septic peritonitis had been looked upon as a hopeless condition. As late as 1899 (seven years ago), the leading text-book writers told us that the mortality was practically 100 per cent.

I quote from the American Text-Book of Surgery, Copyrighted, 1899. I find this statement in regard to the treatment of diffuse septic peritonitis:

"This form of peritonitis almost uniformly proves fatal. The treatment should be prophylactic, rather than curative."

This was the concensus of opinion seven years ago. It was well known previous to this time that septic peritonitis was most often caused by the perforation of some of the hollow viscera with the extravasation of septic material into the peritoneal cavity. It was known that the seat of the lesion might be the appendix, stomach, intestines, fallopian tubes, or gall bladder. It was known that the condition was produced on the battle field by bayonet or gunshot wounds. These things were well understood, but all attempts to reduce the mortality rate seemed to end in failure.

Opium in large doses was employed by some, others took the opposite stand, advocating large doses of salts in hopes that the toxines might be cast off by the bowels. Innumerable surgical operations had been tried, but the results in every instance were most discouraging.

In the year 1900, Dr. Geo. R. Fowler, of Brooklyn, published an article describing his famous postural post-operative treatment, and supported as it was by the records of nine consecutive cases of recovery, attracted the entire surgical world, never before had any surgeon in America or Europe been able to report such a series of cases.

Dr. Fowler "builded better than he knew." He based his success

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on the simple principle of gravitation, but later investigations have shown that other factors contributed to Dr. Fowler's success.

Previous to this, little was known of the peritoneal lymphatics. In the last few years many studies have been made along this line which all tend to show that nearly all absorption from the peritoneal cavity takes place from the diaphragmatic peritoneum, particularly around the central tendon of the diaphragm, and that the absorbent qualities of the peritoneum steadily diminish from this point downward until in the lower pelvis we find that a localized septic process may exist many days without exciting any great constitutional disturbance.

The question then naturally arose, Why does the diaphragmatic peritoneum absorb more rapidly than the pelvic peritoneum? Is there any anatomical reason?

This problem has been worked out by Dr. Muscatello. He has shown that the greater part of the peritoneal sac is not underlaid by lymphatic spaces as was previously supposed, but that these spaces are confined principally to the peritoneum covering the diaphragm where practically all the absorption from the peritoneal cavity takes place. He further demonstrated that there is normally a flow of lymph toward the diaphragm.

These facts once established, the treatment which I will briefly outline is placed on a sound scientific basis. It is the treatment described by Dr. Murphy, of Chicago, and followed (with slight modifications) by the majority of leading surgeons at the present time.

1st. Rapid elimination of the cause of the peritonitis with the least possible handling of the peritoneal contents and without sponging or irrigation.

2d. Free drainage from the lowest portion of the pelvis. A median incision and two lateral stab drains may be used. Glass drains are the least irritating.

3d. The minimum amount of anesthetic to decrease the chances of shock and vomiting, and the greatest possible speed in the operation. (Ten minutes should be the maximum time.)

4th. Place the patient in the Fowler position after operation and tie a folded blanket across the bed to prevent the patient from slipping to the foot.

5th. Absorption of a large quantity of water through the rectum, which reverses the current in the peritoneal lymphatics, causing them to secrete instead of to absorb. A small nozzle or catheter is inserted into the rectum and attached to a rubber bag, which is filled with water and elevated about three or four inches above the plane of the rectum. The water is allowed to trickle into the rectum about as fast as absorption takes place. Six quarts may be absorbed in the first 24 hours, and 65 ounces of urine secreted.

6th. Control of peristalsis by withholding of all food and liquids by mouth.

7th. Gastric lavage to relieve nausea caused by reverse peristalsis.

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Under this treatment Dr. Murphy reported 29 cases, with one death. Dr. Van Buren Knott, of Sioux City, Iowa, reports 19 cases, with 2 deaths. Other surgeons report uniformly excellent results.

My own experience is limited to two cases. Both were young men of good vitality. They were treated by this method and both recovered.

The mortality in the future will depend on the vitality of the patient, the virulence of the infection, and its duration previous to operation. We must expect a mortality of 15 to 25 per cent. But when we consider that a few years ago the mortality approached 100 per cent, we must be impressed by the fact that marvelous strides have been made in the treatment of Diffuse Septic Peritonitis.

Army Medical Corps Examinations.

Preliminary examinations for appointment of Assistant Surgeons in the Army will be held on April 29th and July 29th, 1907, at points to be hereafter designated.

Permission to appear for examination can be obtained upon application to the Surgeon General, U. S. Army, Washington, D. C., from whom full information concerning the examination can be procured. The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between 22 and 30 years of age, a graduate of a medical school legally authorized to confer the degree of doctor of medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training or its equivalent in practice. The examinations will be held concurrently throughout the country at points where boards can be convened. Due consideration will be given to the localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible.

In order to perfect all necessary arrangements for the examinations of April 29th, applications must be complete and in possession of the Surgeon General on or before April 1st. Early attention is therefore enjoined upon all intending applicants.

There are at present twenty-five vacancies in the Medical Corps of the Army.

The Plague in American Cities.

N. K. Foster, Sacramento, Cal. (Journal A. M. A., February 23), remarks that in our intercourse with countries where plague is always in existence, which will increase as our commerce extends, the disease becomes a problem that sanitarians will have to face. Experience in California leads him to the belief that the plague is spread by animals, of which the rat is the chief but not the only one. Circumstances point strongly to squirrels as also disseminating the disease, and he mentions one recent case that is to the point. He believes that the United States government should investigate this point, as it is of importance to the whole country. While California from its location is exposed to the entrance of the infection, he does not think it affords favorable conditions for its spread. The general outdoor life of its people, their excellent physical condition, as a rule, and the good sanitary conditions will tend to a minimum of cases.

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Medical Societies

Portland City and County Medical Society.

The City and County Medical Society met in the Auditorium, Chamber of Commerce Building, January 16, 1907, and was called to order by the President, Dr. R. C. Yenney.

The minutes of the previous meeting were read and approved.

Members present: Bell, Buck, Botkin, Braden, Brook, Cardwell, Crockett, Dammasch, French, Gillespie, Gilbert, Hill, House, Holden, L. H. Hamilton, Jefferson, A. H. Johnson, King, Keeney, Manion, Mackenzie, Ralph Matson, Marcellus, Merriman, Moore, McCusker, Clarence Nichols, Pettit, Pierce, Rand, Roth, Sheldon, A. C. Smith, Sternberg, F. S. Smith, A. W. Smith, Timms, E. H. Thornton, Tucker, Tilzer and Yenney. Visitors: Drs. Axelrood, Cline, Frisbie, Gold, Jones, Ludlow of Seattle, Sterns and Story.

Reading and Discussion of Papers.

Dr. K. A. J. Mackenzie read the paper of the evening, viz: "Discussion of the Diagnosis of Abdominal Disorders and the Significance of Pain."

The Doctor discussed at length the vital importance of early and correct diagnosis. The patient should be gone over thoroughly, all doubtful points cleared up by differential diagnosis.

When the trouble is positively located, operative procedure is called for at once. The author recalled many cases of mistaken diagnosis, which were only cleared after opening up the abdomen, many of which conditions should have been easily detected had the case been given the time and thoroughness that under all circumstances each case demands.

Pain oftentimes is misleading, and is not conveyed directly from the seat of trouble, as in psoas abscess, and many conditions are referred to the stomach because of its nerve supply, while the true cause may be entirely foreign to the symptoms present.

Discussion.

Dr. E. F. Tucker was requested to open the discussion. The Doctor said that physicians profit by the mistakes made in diagnosis. That many cases come in for treatment that only allow the practitioner such a short time for diagnosis that in different cases they are unable to make the same complete. Recited the case of a man who came to him with pain in the stomach so severe that it would awaken him at night. Stomach contents normal with no detention. General examination revealed nothing. Upon opening the abdomen found carcinoma of pyloric end of stomach and spleen. Recited another case of a woman who had excruciating pain with tumor in the right side; consultation differed; opened up the abdomen and found enormously distended gall bladder. Said that a tragedy of error could be written upon the mistakes of the profession.

Dr. Wm. Jones said he appreciated the remarks of Drs. Mackenzie and Tucker. Mistakes are constantly being made, chiefly by those who have the greatest time and are doing the greatest amount of work. Has seen some of the greatest men make some of the most absurd diagnoses. Recited several cases, one of which in a man of 50 years, gave signs of septic peritonitis with bronchial breathing. Died during the night; necropsy revealed lobar pneumonia with no other complications. Another case that of a child from Eastern

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Oregon sent here for an operation. Had previously had the whooping cough and pneumonia; was then suffering from abdominal pain, thought it appendicitis. Careful diagnosis revealed small hernia of a knuckle of gut in umbilical region. Thinks that all patients upon being admitted to hospital should sign over to the hospital authorities the right to hold a post mortem in case of death, to assist in clearing up diagnosis in case of doubt.

Dr. Mackenzie, in closing his remarks, spoke of the value of complete and thorough diagnosis in all cases. Patients should be gone over and the exact point of trouble located before operation. Thinks the locality of pain being removed from field of trouble, due largely to nerve distribution.

Miscellaneous Business.

The Secretary read a letter and proposed bill from the Portland Municipal Association, which bill made it a misdemeanor for any newspaper to print any advertisement pertaining to the treatment of venereal diseases and diseases of women. They respectfully requested the co-operation of this Society, and would gladly accept and embody in the bill any suggestion the profession desired to make.

Dr. Wm. House spoke of such work that had been done in Cleveland, Ohio and Spokane, Washington, where the public were aroused to their duties and that in each of these cities the newspapers have refused to receive such advertisements.

Motion made by Dr. A. Tilzer, and seconded by Dr. W. B. Holden, that a committee be appointed to represent the Society in drafting said bill. The President appointed Drs. Wm. House, J. Alan Gilbert and A. W. Smith.

Letters were read by the Secretary from Drs. W. J. Mayo, President of the A. M. A., and J. N. McCormack, Chairman of Committee on Organization, the former submitting his report as Chairman of the A. M. A. appointed to investigate life insurance; the latter upon the work being done by each state and county society throughout the United States in their united effort to maintain the $5 fee.

Dr. Andrew C. Smith stated that he had examined for the Fidelity and Mutual Life Insurance Co., and when the State Society passed the resolutions bearing upon this point in 1906, he notified the companies and agents that he would not examine any applicant for less than $5; was assured by the agent that this would be satisfactory, to go ahead, which was done. The company later refusing to pay for same upon the $5 rating, whereupon the doctor handed these accounts over to his attorney to bring suit for collection of same.

Dr. J. Alan Gilbert stated that he had notified companies for which he examined that the fee would be raised to $5. Upon their refusal to meet this demand, he handed in his resignation. Whereupon this position as medical examiner was accepted at the reduced rate by a member of this Society and one of the teaching staff of the Medical School. Would like to know the expression of the Society upon this subject.

Dr. Andrew C. Smith said he hoped the Society would stand pat upon the $5 fee, and so declare themselves.

Dr. E. F. Tucker said he did not think the penalty should be enforced upon those who were guilty of examining for less than $5 fee.

Dr. K. A. J. Mackenzie said he thought the Society should give some expression of their desires in this matter, and urged the members to be unanimous in their efforts to maintain the fee. Whereupon the following

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resolution was moved and seconded and carried by unaimous vote:

Be it Resolved, That it is the sense of this Society that hereafter no member shall examine for any old line life insurance company for less than $5 fee.

Dr. Andrew C. Smith said that the Osteopaths were endeavoring to introduce a bill at the present session of the state legislature; any member who desires to practice the same to appear before a special Board of Examiners for Osteopaths; and urged each member to assist in this work, recommending that the present law be amended to omit examination upon the branch Materia Medica. The following resolution, moved by Dr. Smith and seconded by Dr. Tucker, carried:

Whereas, The different sects of men do not employ the same methods in the practice of their profession; be it

Resolved, That the present Medical Law be so amended as to read that the branch known as Osteopaths be exempt from examinations upon Materia Medica.

Motion to adjourn; carried.

ALAN WELCH SMITH,
Secretary.

The City and County Medical Society met February 2 in special session at the offices of Drs. E. F. Tucker and R. C. Yenney, Marquam Building, and was called to order by the President, Dr. Yenney.

Members present: Drs. Cable, Gillespie, Hamilton, Mackenzie, Pierce, A. C. Smith, A. W. Smith, Tucker, Wood, Williams, Yenney. Visitors: W. Gilbert Cole, of Pendleton, Oregon.

The President announced that the purpose of this meeting was to devise some means of defeating the Osteopathic bill No. 69.

Dr. E. F. Tucker moved, seconded by Dr. E. E. Cable, that the Chairman appoint a committee whose duty it should be to employ a stenographer, and write a personal letter to all members at Salem, each member furnishing his own stationery, and when finished to be signed by that member. Carried, and so ordered.

Dr. Mackenzie moved that the sentiment of this Society be that a uniform effort be made to defeat the Osteopathic bill; seconded by Dr. Tucker.

Dr. Andrew C. Smith moved to amend this by all reference to drugs be eliminated; carried.

All names of members of the present legislature were then read by Dr. Cole, each member who knew the person whose name was then called was requested to write him at once. In many cases telegrams were sent, the time being too short to write.

ALAN WELCH SMITH,
Secretary.

The City and County Medical Society met in the Auditorium of the Chamber of Commerce Building, February 6th, and was called to order by the President, Dr. R. C. Yenney.

Members present: Baar, Burk, Coffey, Dammasch, Fessler, Geary, Goray, Gilbert, L. H. Hamilton, Hubbard, A. H. Johnson, Marsh, J. S. Moore, Nunn Pansom, A. W. Smith, Sheldon, White and Yenney. Visitors: Gold, Hutchinson, Jones and Zigler.

Proposals for membership: Dr. F. B. Eaton, graduate Cooper Medical College; diploma destroyed in San Francisco fire. Recommended by J. F. Bell and J. J. Panton.

Exhibition of Pathological Specimens.

Dr. Richard Nunn exhibited a most interesting specimen of rhinolith and gave the following history: Patient came in with ear trouble and headache of about 20 years duration. Examining nose, saw this body, passed a probe back and felt crepitus, removed

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it in several large pieces with adrenalin and cocaine. Body about the size of top of one's thumb, and found to have formed about a sunflower seed, the body cutting like wet pumice stone.

Reading and Discussion of Paper.

Paper of the evening was read by Dr. E. N. Hutchinson, Veterinary Bureau of Animal Industry, viz: "Some Diseases in Animals Which Have a Relation to Disease and Health in Man."

At whatever period we may select for research in medical history, we will find an ever increasing tendency to compare the diseases of man with those of animals. Contagious pleuro pneumonia is contagious in cattle, measles, scarlet fever, typhoid fever, syphilis are specific diseases of man and unknown in other races of animals.

Where a susceptibility to a specific contagion is found common to two or more kinds of animals, a difference in severity of the disease produced is often observed, manifested by a variance in the character of the pathologic processes induced, and according to habits and environments a variance in the point of attack. Thus anthrax, to which both man and most of the domestic animals are susceptible, appears usually in mankind as malignant pustule, in hogs as malignant angina, and in cattle, sheep and horses as tumultuous apoplectic constitutional disturbance, with the postmortem picture of hemorrhagic septicaemia.

The use of all kinds of animals for the food of man, and his taste also for certain uncooked vegetables, exposes him to the invasion of the tape worms having their cystic stage in the tissues of cattle and hogs, to trichina spiralis.

In one instance of this close similarity, both in the appearance and pathology of the disease itself, and in the biologic properties of the inducing bacillus, hog cholera, a highly contagious acute disease of hogs only, and typhoid fever, an acute, highly infectious disease of man, will afford an example. In both cases the most constant and uniform lesion being in the intestines according to a recent discovery. Dourine in horses is the same as syphilis in man. Roup in chickens, necrotic stomatitis in calves bear close relationship to diphtheria in the human.

There is another class of disease which is common among animals and infectious to man, though acquired by him only through his association with animals affected with the diseases or through the handling of products from them. In this class are such diseases as anthrax, glanders and rabies.

In the Southern states during anthrax seasons the common house fly has been proven an active agent in the spread of the disease among both animals and people.

In mankind glanders is, without exception, due to direct infection from an animal suffering from the disease, and is consequently of most frequent occurrence among those in attendance upon horses.

By far the most terrible of all diseases of this class is rabies, an acute and very fatal disease communicable from animal to animal and from animal to man by the bite of an animal which already has the disease.

The disease is probably of parasitic origin and, according to Negri and as confirmed by Moore and Way of Cornell, is due to a protozoon found in certain nerve cells of the cerebellum and the peripheral spinal ganglions. The method of invasion as described by Ravenal of Pennsylvania, is after being introduced into any animal including man either experimentally or in the natural course of the disease,

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the virus remains for a time without producing either local or general symptoms, undergoing a period of incubation during which it undoubtedly multiplies itself, in this respect corresponding to the well known infectious diseases, it may be removed from the saliva by infiltration through porcelain providing that it is a solid body. The virus penetrates to the nervous system by following the nerve trunks from the site of injury to the spinal cord, then the spinal cord to the medulla and brain.

The paralytic type usually spoken of as dumb rabies constitutes from ten to twenty per cent. of all cases,—the disease is ushered in much the same as with the furious type, excepting that the fury is lacking.

Tuberculosis, a subject that recent investigations have added much to prove that it is more likely a disease of ingestion, rather than one of inhalation of the inducing organs.

Discussion.

Dr. E. P. Geary said that the paper was of special value in reference to pathology of animal life, and showed what extensive work was being done along those lines. Said he had hoped to have heard more about tuberculosis and its methods of infection discussed; also hoped that some of the pathologists present would discuss this matter freely.

Dr. J. S. Moore said he would like to ask Dr. Hutchinson if in diphtheria in the animal the secondary symptoms are accompanied by paralysis? He recited a case now treating where the whole family is sick—the dog became sick first. These cases in the human he called diphtheria. He did not inspect the dog until later, which, after paralysis and six weeks' sickness, has commenced to recover.

Dr. R. C. Coffey said he thought the two most interesting men to him were Dr. Hutchinson and Dr. Nelson, of Pullman, Wash., because of their scientific and pathological work. Said he had spent a month in Kansas eight years ago and had done many post-mortems upon hogs dying of cholera; found hard spots in their lungs which would sink in water; would like to ask what they were, and if there was any connection with typhoid cases that occurred at that time?

Dr. Richard Nunn said he had seen some Russians brought to Paris for the treatment of rabies; would like to know if it is true, as reported, that the Pacific Coast enjoys immunity from this disease?

Dr. J. P. Goray asked if rabies was not most prevalent in the summer months, but had recently seen a report that it occurred at any time of the year; asked if this was correct?

Dr. Buck asked if all animals were susceptible to tuberculosis. Also asked if there have been any experiments made upon horses to determine a cure for syphilis or dourine?

Dr. Hutchinson, in closing, said that all animals were not susceptible to the bovine tuberculous bacilli, but that strong men (government inspectors) have had to give up their work, having become infected with tuberculosis. No experiments, as yet, have been conducted for cure of syphilis in the horse. Don't kill a rabid dog; allow him to determine if he has rabies, so as to give the patient a chance for treatment, and in case he is killed, put the head and neck in ice and ship at once to some expert for examination.

Said pure culture of cholera bacilli injected in the hog do not produce the disease; when fed, as in milk, it always does. Said that the bureau has a serum which confers immunity from hog cholera, tickfly and mosquito; also said that hogs, when fed milk with tubercular bacilli, contracted the disease in almost every case

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from 20 to 81 days afterward. Running a drove of hogs behind tubercular cattle, known to be infected, one in every three contracted the disease.

Miscellaneous.

The secretary read the report of the Committee from Meeting of Portland Municipal Association, which was accepted and ordered filed.

A letter was also read from Edward H. Baldwin to President Yenney, in which he desires to furnish rooms for this Society in a new building now under construction at Park and Alder streets.

Dr. R. C. Coffey moved that a committee be appointed to investigate the same; seconded and carried. The President appointed Drs. Geary, L. H. Hamilton and A. W. Smith.

Dr. Geary introduced a resolution to have this Society endorse the "Cottage plan" for the reconstruction of the state hospital for its insane, and which is now being acted upon by the legislature. Motion was seconded, voted upon and defeated.

Dr. Calvin White moved that a committee of Drs. Williamson, Josephi, Geary, Harry Lane be appointed, with power to act, to fully consider the practicability of the "Cottage plan" now being used in the East. Carried.

Dr. Buck thought the state should provide for some place for treatment and detention of those suffering from tuberculosis.

Dr. Coffey said that any case that has not a fair chance of recovery is rejected by the Board at the Open Air Sanitorium.

Moved to adjourn; carried.

ALAN WELCH SMITH,
Secretary.

Pierce County Medical Society.

The following resolution, introduced by Dr. Dewey, November 6, 1906, passed at a meeting of the Pierce County Medical Society February 19, 1907:

1. Resolved, That the publication in the lay press of the description of operations, new treatment, and allied medical matters in connection with the name of the physician, be condemned by the Society, and that the physicians of the Society, in order to prevent such publications, make such representations to the superintendents or other officers of the hospitals with which they are connected as will, as far as possible, prevent internes, nurses, employes or friends from giving information to reporters.

2. Resolved, That the Society try to prevent reports of the papers read at its meetings from being publicly mentioned, unless such publication be conducive to the public welfare. The Society shall instruct its secretary to give to the press a censored report, which shall always be anonymous so far as the authorship of the papers is concerned.

3. Resolved, That the Society condemn the publication of medical interviews in connections with the names of phpsicians, excepting medical interviews relating to municipal sanitation and other matters of public welfare.

4. Resolved, That copies of all articles appearing in the press of Tacoma relating to regular physicians of this city shall be placed in a scrap book by the secretary for the inspection of members. A member whose name appears therein shall have the privilege of attaching thereto a written explanation.

5. Resolved, That copies of these resolutions be printed in The Journal of the American Medical Association, the Northwest Medicine, and the Medical Sentinel.

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Extracts

The Business Aspect of Medicine.

By G. Strohbach, M. D., Cincinnati.

(Read before the Academy of Medicine of Cincinnati, Jan. 14, 1907.)

That the "laborer is worthy of his hire" has been recognized from time immemorial. The amount of pecuniary reward for labor performed, however, has always been more or less arbitrarily fixed by the law of supply and demand, and, to an extent, by the amount deemed sufficient recompense by the laborer himself. If the demand for a certain class of workers is great, and the supply limited, the pecuniary returns are large; but only large so long as the supply of workers is limited, naturally or artificially. On the other hand, such work as any one without special training or skill can perform always receives just as little recompense as possible, and that is generally just enough for subsistence, as no one will voluntarily work for less.

The first proposition is, Is the demand for medical services as great as it ever was? With the better sanitary conditions obtaining in the centres of population; the greatly increased knowledge of hygiene, and the application of such knowledge more and more in public and private life; the more scientific knowledge of food products and food values, and the application of the principles underlying the same; the more stringent application of the rules and laws of preventive medicine, which has almost stamped out in the civilized world the devastating scourges and epidemics of the past, such as the plague, cholera, yellow fever, smallpox, trachoma and leprosy; the recognition of the value of asepsis and antisepsis in all surgical and obstetrical procedures, so that today it is considered an opprobrium to a practician to have a case of septicemia which is due to his carelessness or ignorance, what, with all of this, one wonders if there is need for as many general practicians as in former days, when all of the above did not obtain as fully as today. But with all this there came a fuller recognition of the value of life and health, particularly the latter, and the standard of health has risen accordingly. We have with us today a greatly decreased number of the blind, lame, deaf, dumb and deformed, as many of these conditions are recognized in their incipiency and either cured or greatly modified, and are not considered by the laity as unavoidable or incurable, and an affliction sent from on high. The laity have become more exacting in their estimate of health, and conditions which were formerly considered irremediable are today among those which they demand to be treated and relieved. So with the higher standard of health comes a greater demand for medical and surgical aid, which necessitates a greater diversity of knowledge, so much so, indeed, as to require the division of the general work into the many specialities of today.

Since, apparently, the demand for medical attendance is as great as ever, the question next is, Is the supply of men capable to do this work equal to the demand? It would seem as though the profession was not overcrowded, for where formerly practically no preliminary training was required to enter a medical college, there is now demanded at least the equivalent of a high school training. This in a large measure limits

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the number of matriculates, as is very evident in this city, where two of the Allopathic schools have consolidated, and the only female medical college has been merged into this same school, and the two Allopathic schools remaining are at present considering a merger. The number of matriculates in all the medical colleges in this state have fallen off almost 40 per cent. It would seem, therefore, that the number of recruits to the medical ranks in this city would be greatly reduced for years to come.

If we take the population of Cincinnati and surrounding territory for a radius of ten miles as being, in round numbers, 500,000, which is a fair estimate, and the number of physicians and surgeons in this territory as being approximately 1000, that would leave an average of one medical attendant to every 500 of population. However, there are not that many general practicians in this city; if we subtract about 200 specialists from this number, it would leave us a ratio of one practician to every 625 of population, or one to every 125 families, which is about the ratio that has existed here for years.

The demand for medical attendants being proportionately the same as formerly, and there being apparently a decreased supply, would, if the law of supply and demand alone were operative to fix the pecuniary rewards, have greatly increased the monetary returns in our profession. But this brings us to the third proposition, namely, that the amount of pecuniary reward for labor performed is fixed to an extent by the amount deemed sufficient recompense by the laborer himself.

That there is not sufficient pay in medicine for services rendered the community we shall attempt to prove by some computations and comparisons, and that the remedy lies in our hands we shall prove as a conclusive fact.

How the average young man views the possibilities of emoluments in the practice of medicine, and what the old practician thinks about it, is best illustrated by the following fable from the pen of George Ade:

"Once there was a Young Man with a College Education, an assortment of Cravats and about $8 in Real Money, who was anxiously looking for his Life Work.

"He wanted to break into a Learned Profession so that he could wear his Good Clothes all of the Time and get the Coin without working too hard for it.

"His idea of a dignified Snap was to sit in a small Office about three hours every Day and have the Public come in and pass Money to him. The Medical Game struck him as being about the softest proposition of all.

"He thought that all Doc had to do was to lead the Mark into the Chamber of Horrors where they had the Skulls and the Butcher Knives, look him over, ask a few Questions, tell him to stop Smoking and then tap him for a V.

"So the Hopeful Graduate went to the old Family Physician for a few Tips.

"The Antique Medicine Man threw a Back Twister when he heard of the Boy's Intentions.

"'Any one who tackles the Aesculapian Stunt is a vitrified Mutt,' said His Whiskers. 'If you must earn your own Living be a Porch Climber or a Short-Change Man. We now have in this country four Medical Degrees to every case of Tonsilitis. Most of us are kept so close to the Carpet that we have to buy last year's Magazines to put in the Waiting Room. If a Patient dies all of his Friends say you helped to push him off, so they undermine your Practice

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and begin to plug for Christian Science. If he gets well he gives you the Laugh, and you have to go after him with a Constable. If you acquire a Reputation they work the Night-Bell on you, and if you arrange a Dinner Party it's a Cinch that some Old Lady three miles away will ring in an Epileptic Fit and crab your whole Evening. Nix the Materia Medica! Turn back before it is too late!'"

That the practice of medicine is not a sinecure is very evident to those who have been practicing for more than ten years, and becomes more so to the newer members every year they are in the harness.

First, as to the cost of preliminary training. This, of course, is rather a hard matter to compute. The nearest approach to an average can be arrived at in the following manner, the figures being totals for each college year:

Tuition	$125
Incidental fees	25
Board and lodging for six months	130
Text-Books	50
Clothes	50
Wages at $1 per day	150
Railroad fare	50
Incidentals	45
Total	$625

Which would give a total for the four years' course of $2500, which must and should be considered as capital invested. Then a certain small percentage of the graduates take a year or two in hospital training, for which they receive no remuneration, which should be added to the above as expense.

The equipment of the average beginner would cost about $300, which would include instruments, drugs, chemicals, apparatus, and office furnishings. That, added to the above, would make $2800. Then there is, on an average, a three years' wait before being established and on a paying basis, which would require at least $2000, but about $800 of which is earned during the three years, leaving $1200. That added to the $2800 above, would make as capital invested in a paying practice $4000, interest on which must always be considered as a part of the expenses of the office.

We now come to the legitimate current expenses and disbursements pertaining to the practice of medicine. Let it be understood that we are only considering the general practician, and are not taking into account the specialist or the general surgeon. And all the figures in this paper apply to the average, trying to offset the lower figures by those which are considerably higher than here given. Among the regular expenses of a practician must be considered the following, the figures being the sum total for a year:

Rent, $10 per month	$ 120
Light	36
Heat	36
Motive power	365
Drugs and chemica's	20
Membership fees in various organizations	25
Repairs and replenishment of equipment	10
Literature	20
Five per cent. interest on $4000, as above	200
Telephone	48
Office help	104
Incidentals	16
Total	$1,000

So you see, after a man gets going fairly well in the practice of medicine, his average expenses per day are nearly three dollars, and with the least extravagance easily goes a good deal higher. This, undoubtedly, is a phase of the subject very few active practicians take the trouble to con-

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sider, and is one of the reasons that few men die wealthy after practicing medicine a life time. They figure the sum total or receipts as so much clear and hardly consider this continual drain on their resources. These items are all legitimate ones, and are the same as any business man would enter against himself on the other side of the ledger.

The averages of incomes of general practicians are even more difficult to get at than the above. Computing from the averages arrived at by the editor of the Medical World in the issue of March, 1902, and which were never disputed in the columns of that journal, which averages were intended for the 135,000 medical men in the United States, and reducing those figures to the 1000 men in this city, we come to about these figures:

500 receive an average per annum of	$ 800
200 receive an average per annum of	1,000
200 receive an average per annum of	2,000
75 receive an average per annum of	3,000
20 receive an average per annum of	5,000
3 receive an average per annum of	10,000
2 receive an average per annum of	20,000

To clear the above sums, though, you must only total up the cash receipts, and not the outstanding accounts in your books, and from that total subtract at least $1000 for current expenses, and you will then arrive at your income. This would make it necessary for those in the $800 class above, which include 50 per cent of the practicians, to do a cash business of at least $5 per day; those in the $1200 class, $6.50 per day; those in the $2000 class, $9; the $3000 class, $12; the $5000 class, $18; the $10,000 class, $33; and the $20,000, $63.

By comparison with wage earners, business and professional men in other lines, we will find that the doctor receives actually less than most of these, leaving out of account the fact that he works a longer number of hours per day, has vastly more exacting duties to perform, is subject to exposure in all sorts of weather, and at every turn in the most unexpected places is liable to damage suits for malpractice. Consider the income of the average practician as $3 per day, and compare with the following:

Bricklayers, 8 hours a day.	$4 50
Stone cutters, 8 hours per day	$3.00— 5.00
Printers, 8 hours per day.	3.00— 6.00
Street car men	2.00— 2.25
Railroad conductors	3.00— 6.00
Drug clerks	2.00— 3.00
Salesmen	1.50— 4.00
Ministers	3.00—10.00
Lawyers	2.00—20.00
Business men	4.00—20.00
Public school teachers (male)	3.00— 6.00
Professors in university..	8.00—12.00

The above figures can be easily verified and certainly bear out the statement that the physician receives less for more labor performed than most other workers. It is particularly the last item that occasions most surprise. In the Academic Department of the University of Cincinnati the professors receive salaries averaging $2000 per annum, and hardly occupy more time per week in the lecture-room than the professors in the Medical Department, and yet the professors in the Medical Department receive practically no compensation. This may be due to the fact that there is no endowment for the Medical Department or any chair therein, but it

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certainly seems a glaring inconsistency. There are at least four chairs in the Medical Department that ought to be endowed sufficiently for some research work and to pay a fair salary, namely, the chairs of anatomy, physiology (including histology and embryology), chemistry, and pathology (including bacteriology).

The questions now come up, Why are the general practicians underpaid, and what are some of the remedies. In the first place, the physician is either too busy or too negligent to keep accounts very accurately, or he considers book-keeping almost beneath the dignity of a professional man. If he be so busy as to make it impossible for him to keep his accounts, it would pay him to hire some one to attend to it; or if that is considered inadvisable, get a little less busy and attend to it himself. Every man is born with a given quota of energy to consume, and if he burns his candle at both ends the middle is soon reached. It would pay the busy man in more senses than one to keep his accounts and go after collections more energetically. He would have more time for study and self-improvement; more time and means for recreation and pleasure for self and family; and could better afford a month or so every year for recuperation at lake or mountain resort, and so add to the number of years of usefulness. If he be negligent in the keeping of his accounts, his clientele may assume that he is negligent in other matters, and so it behooves him to be careful in all things. The worst mistake a professional man can make is to consider money a substance beneath his dignity to demand or accept. He is simply a high-toned beggar unless he has bartered social prestige for a woman's money by marriage or has been blessed with a more sordid ancestor who has provided the wherewithal to permit him to ride his high horse; and at that he has no moral or ethical right to deprive his fellow-practicians of a just compensation for his labor performed by his example of negligence in charges or collections.

The Code of Ethics (Article VI, Section 9) says:

"A wealthy physician should not give advice gratis to the affluent, because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, to some degree, the common funds for its support, when fees are dispensed with which might justly be claimed."

So, by all means, keep accounts strictly, and go after collections more energetically.

The next point is to have some uniformity in fees, and methods of collection; this is very desirable and decidedly ethical. Prof. P. S. Conner said to a graduating class once, with that peculiar quizzical glare of his: "Don't be afraid to charge." These words, coming from a man with his ripe experience, are certainly fraught with meaning, and should brace the weak backs of the men who are really afraid to charge. The Code of Ethics (Article VIII) says:

"Some general rules should be adopted by the faculty in every town or district relative to pecuniary acknowledgements from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances would admit."

The minimum fees charged are generally well understood, and are about as follows: Fifty cents for office call; office treatment, $1; $1 for a visit; $2 between 10 P. M. and 6 A. M. Anesthetics, $2 for minor operation, and $5 to $10, according to gravity of

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major operation; $2 to $5 for consultation. As to obstetrical cases there seems some difference of opinion, some charging $10, others $15 for ordinary delivery; after seeing a case two or three times, with one or more urinalyses before delivery, devoting six to ten hours to delivery, and then seeing the case four to six times afterward, it does seem as though $10 is too low, and the minimum fee charged should be uniformly $15, and more according to complications encountered.

As to methods of collections, try to get cash for office work. There is a physician in Michigan who prominently displays the following sign in his office:

"Office consultations cash. Kindly take notice of this before beginning your consultation."

If every man in this organization will pin this, or a similar notice, in his office and make it effective, he will benefit every physician around him as well as himself. He will help to educate the people that our services are never forced upon them, and, when we serve, that the laborer is worthy his hire. There is need of it. Let us do it. One, two or three cannot, but we all can and should. Let us all insist upon more prompt payment of our accounts. There is not a business man in Cincinnati who would not be bankrupt in one year if he did business as we general practicians do our business. Present statements monthly, and try to have settlements monthly. Put slow accounts in the hands of a good collector, but rarely sue. Do not give heavy discounts for cash, or upon the payment of any account; discounts are equivalent to a cut in the fees charged, and is the analogue of the rebate evil in the transportation companies. Avoid lawyers and lawsuits as you would a case of puerperal eclampsia. A retort courteous once given by a physician to a lawyer is very pertinent:

"Look at me," exclaimed the leading lawyer, warmly, "I never took a drop of medicine in my life, and I am as strong as any two of your patients put together."

"Well, that's nothing," retorted the physician. "I never went to law in my life, and I'm as rich as any two dozen of your clients put together."

It would be a very good plan if the general practician would follow the example set by some of the specialists, namely, to get one-half paid in advance upon all operations, confinements and anesthetics. By all means get paid in advance on all genito-urinary work, or it is likely you will not be paid at all.

There is another matter on which the beginner in the practice of medicine is very much at sea as to what course to pursue, and it is one that affects his finances considerably. There is a great deal to be said pro and con on this question, and the two extremisits are very decided in their views. On the one hand are the men who prescribe everything, and to hear them you would imagine they do not even carry hypodermic tablets. They claim the other extremists are lowering the standard of the practice of medicine, and are sinking our noble calling to the level of pill-peddlers. Then, again, the other class never prescribe, and supply the patient with all drugs, and from a dose of salts to a dose of antitoxin; at least you would presume so to hear them. They claim by so doing to be better able to hold their practice and to add to it; that they increase their incomes because the patient must come back for re-fills; and that the druggist is thereby deprived of his power for injury, because the patient, or relative of patient, does not go to him, and so give him an opportunity

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to disparage or undermine the confidence of the patient in his physician by word or action. There is some truth in the positions taken by both extremists, and it is mainly a matter of personal opinion. Both classes of men are successful and have their clientele, and if either were radically wrong it would be impossible for them to succeed. As to which a beginner should do, prescribe or not, depends entirely upon how he views the matter. A paying practice is mainly the result of the personality of the man himself, and he may do one or the other as he has educated his clientele to expect. The best plan is to strike the happy medium, and give only the emergency remedies, as calomel, acetanilid, morphine, aconite, etc., and prescribe for the remainder, as tonics, alteratives, salves, lotions, etc.

Does contract work pay? It would seem not from the expression of opinion voiced by those who have done it. It is as contract work in all other lines—a bargain-hunting by the organization desiring professional services on that basis. By this is meant all work done for secret societies, life insurance companies, mutual aid associations, factories and corporations, such as examining risks for insurance or admittance to the organization for sick or disability benefits; attending to all accident cases in factories; treating and examining all injured by the public corporations; treating the members of a mutual aid association on a given sum paid annually. In any of these lines, if a man did the same amount of work on a fee basis, he would receive, as a rule, 50 per cent more pecuniary return, and not be tied down close to his office waiting for these emergency calls. He would not be nearly so busy, but strenuosity is not the whole of existence, and a little of the "simple life" would add to contentment and longevity. Moreover, these services, being bargains, are accepted at their true face value, and no practician gains much financially or professionally by entering into such contracts. To bring this contract work out of the discredit into which it has so deservedly fallen, it is necessary to draw the contracts up on a more liberal fee basis for the physician, and for one man not to take so much of it as to make it a physical impossibility for him to attend to all of it in the proper manner. The medical profession is a liberal one, and does not well lend itself to contract service, and the less done the better for both the profession and the public.

"Neither a borrower nor a lender be;
For loan oft loses both itself and friend;
And borrowing dulls the edge of husbandry."

These are the words of the immortal Bard of Avon, and apply as much today as when penned. Furthermore, do not go security, bond or bail for any one, for these are simply other forms of loans. Injury to one member of the profession is the concern of all other members, and we should protect each other in every manner possible. It is always a matter of regret to hear of a fellow-practician who has lost all or the greater portion of his savings which have acquired years to accumulate. And in the selfish sense it is the concern of all, because an older man who has come to the conclusion that he has accumulated enough money to enable him to take things easier, and then sustains a financial reverse, is compelled by that very loss to reenter the field with increased energy and compete with the younger men. These snares and pitfalls have caught the most wary, and so the best plan is to avoid them altogether. An old

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practician told the writer when he graduated: "Young man, always be broke, and you won't lose any money by loans." These trite words have made a lasting impression, and have on several occasions prevented losses.

Another source of loss is by investments, bad and indifferent. There is hardly a day passes but the medical man does not receive some importunity, by mail or otherwise, to please take hold of some "get-rich-quick" scheme before it is everlastingly too late. It seems as though medical men and school teachers are selected as especially easy victims by these sharks. It is an axiom among swindlers that the more intelligent the intended victim, the easier he is caught. He knows that the intelligent person feels so cocksure of his superior wisdom as to give him an overweening conceit, and it is this very conceit that leads to his undoing. Among the various things offered are mining stocks—gold, silver, copper, etc.; oil well stock, stocks of debenture companies, and other companies that depend upon success on the losses of the mythical somebody else. Or an oily-haired and tongued individual begs you, with tears in his eyes, to please accept an opportunity quick to come in on the ground floor of a new manufacturing or transportation enterprise which is going to pay 500 per cent. per annum after they get it going—perhaps. Then there is another "gold brick" which is worked off occasionally. A few individuals get together and start a new mutual life insurance company under some plausible guise and name, for which they need a chief medical examiner. A physician is approached to become the grand, exalted, supreme or other superlative medical examiner, feels highly flattered at being so signally honored, and invests all the way from $1000 to $10,000 in the stock of the company, and takes out a staggering load of insurance on his life. All goes well for a few years, then the crash comes, and the superlative grand chief medical examiner is left to hold the bag.

Thomas W. Lawson, in "Frenzied Finance," has in a measure exposed the workings of Wall street, and demonstrated what chances the dear public has to succeed in stock gambling. At that, Tom may have a few things up his own sleeve that he wants to unload at an opportune moment on the aforesaid dear public, and will bear some watching himself. About the only chance the lambs have on Wall street is to be shorn.

As a general proposition, any financial scheme that promises to pay more than 6 per cent per annum should be looked upon with suspicion.

There are two forms of investments that, as a rule, are safe and pay a reasonable dividend, namely first mortgage on real estate and endowment policies in a good life insurance company. But even here great care must be taken on the one hand to not advance more on a piece of real estate than is safe, and that the deeds and titles are clear; while, on the other hand, when a policy is taken out do not look so much for cheapness as for security.

In conclusion, did it ever occur to you:

That gratitude decreases in inverse ratio with the lapse of time following the beneficent act?

That the longer you allow an account to stand the harder it is to collect?

That a favor is soon forgotten, but that an injury is brooded over, making the resentment stronger with the years?

That short accounts make long friends?

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That you gain only your patient's contempt for your business methods, when you allow him indefinite time for the payment of his bill?

That medicine is a business as well as a science, and that the physician who is most business-like in his methods is most esteemed?

That it is a mistake to make your patients your boon social companions?

That the social ladder is not the one to mount if you seek to pluck the persimmon of professional success?

That the average man appreciates most what costs him most?

That it is better to make six two-dollar visits a day than a dozen dollar visits?

That the world is prone to accept you at your own valuation, and if you think yourself cheap the world will do likewise?

All of the foregoing have been facts; cold, hard facts and figures. If that were all there is in medicine, the general practician would cut a rather sorry figure. Young men are attracted to medicine, as a rule, by a love of this science, and a desire to more fully serve their fellowmen. We must keep medicine on the high plane that it has been placed by our forefathers, and not sink it to mere commercialism. The strong desire to possess the almighty dollar has tainted almost every calling in America, and if it had touched medicine such a paper as this would be superfluous.

But in a competitive and individualistic age as the present, while the world owes each a living, the trouble is collecting. For the sake of the dignity of the profession, for the sake of the loved ones dependent on us, and for our own sakes, we must look more to our finances. We will then be better able to advance our noble profession, to be able to devote more time and means to self-improvement, and add each our mite to the grand heritage given to us by our forebears, and pass it untarnished, and, if possible, richer and fuller, to the succeeding ages.

Summary.

Don't forget your investment account of $4000 at 5 per cent. per annum.

Don't overlook your expense account of approximately $1000 per annum.

Try to increase your income by more business-like attention to accounts.

Don't despise book-keeping.

Don't be afraid to charge, and don't give heavy discounts if you do.

Avoid lawyers and law-suits.

Don't do contract work, except it be on a liberal fee basis.

Avoid all forms of loans.

Look out for the three-card monte man and the shell-worker.

"This above all:
To thine own self be true;
And it must follow, as the night the day,
Thou canst not then be false to any man."

Pertinent Points.

A pessimist.—A man who has to take digestive tablets after each meal.

An optimist.—One who can eat any old thing at any old time.

A plausible talker.—The fellow that persuades you to exchange his I. O. U. for your ten spot.

Prescriptions refilled.—Another round of drinks.

Prominent citizen.—He who has "bedside bulletins" published by the Daily Press when he is confined to his apartments by a "slight indisposition."

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Personal

Oregon.

Dr. Burns, of Ione, has moved to Gurdane.

Dr. A. K. Turner is opening an office in Springfield.

Drs. Volp and **Moormeister** have opened a hospital at La Grande.

Dr. M. H. Ellis, of Albany, called on some of his Portland friends last month.

Dr. M. K. Hall, of La Grande, has had a serious time from typhoid fever.

Dr. Clark E. Saunders, of Union, is thinking of settling in San Bernardino, Cal.

Dr. W. R. Coffman, of Portland, was married last month to Miss Pauline Benham.

Dr. L. G. Altman, of Salem, made a visit last month to Summit, to call on patients.

Dr. James C. Zan, of Portland, has been elected president of the Portland Kennel Club.

Dr. C. T. Bacon, of La Grande, met with an accident last month, by the upsetting of his rig.

Dr. E. A. Sommer and wife, of Oregon City, are expected home the latter part of this month.

Dr. G. E. Houck, of Roseburg, has some very pleasant things said about him in his home paper.

Dr. A. C. Hanson, formerly of Portland, has established himself in the office of Dr. Fell, of John Day.

Dr. and **Mrs. O. C. Hollister** and daughter, of Portland, left last month for an extended trip through Mexico.

Dr. G. A. Pogue and wife, of Ontario, have recently returned from a trip to their old home at Sullivan, Ill.

Dr. A. B. Cathey and some of his relatives celebrated their birthdays last month in an appropriate manner.

Dr. and **Mrs. S. C. Browne**, of Scio, recently visited in Falls City, to which place they are thinking of moving shortly.

Dr. C. E. Loomis, of Eugene, was a witness in the trial of Binger Hermann at Washington, D. C., last month.

Dr. O. D. Butler, of Independence, was in Portland last month, having brought a patient to a hospital for treatment.

Dr. W. O. Prosser, of Eugene, had an exciting experience in driving across the Long Tom river, during the late flooded season.

Dr. D. A. Paine and wife, of Eugene, have spent some time of late traveling in the South. They were recently in New Orleans.

Dr. Jas. P. Tamiesie, of Hillsboro, was in San Francisco recently attending court. He stopped to visit among his friends in Portland on his return home.

The friends of Dr. Andrew C. Smith, of Portland, hope it is so—that Governor Chamberlain will appoint him a member of the new Port of Columbia Commission.

Dr. Annice Jeffreys Myers, of Portland, who has for three years been one of the auditors of the National Woman's Suffrage Society, was, at her own request, relieved of the duties of the office, at the recent meeting of the society in Chicago.

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Dr. and Mrs. O. F. Botkin, of Mt. Tabor, returned recently from an extended trip through the East, having been away since the latter part of September. While in Philadelphia, where they stopped for two months, the Doctor attended many of the surgical clinics given by the leading surgeons of the city. They were very glad to get back to Oregon again, having seen no place in their travels that could win them away from their Western home.

Washington.

Dr. E. P. French, of Elma, was in Oakville during the month.

Dr. F. A. Bird, of Kelso, has just returned from a trip to Texas.

Dr. Robbins, of Bickleton, was a Sunnyside visitor last month.

Dr. Stephens and wife, of Monroe, have been visiting in California.

Dr. La Fayette Wagner, of St. John, was a visitor in Olympia last month.

Dr. Kiamke, of Ilwaco, visits the railroad camp near South Bend twice a week.

Dr. R. S. Hunter, of Hoquiam, was called to Moclips last month to see a patient.

Dr. J. H. Corliss, of Sumner, is erecting a new, large and up to date residence.

Dr. I. M. Harrison, of Seattle, was in Friday Harbor last month, looking after some tax matters.

Dr. Chas. H. Wells, of Shelton, has an automobile, with which he sometimes travels to Olympia.

Dr. C. H. Day, of Dayton, had a hard trip to and from the Eckler mountain during the bad weather of last month.

Dr. Franklin L. Carr, of Montesano, did some good work at the legislature, in opposition to division of his county.

Dr. D. O. Kearby has moved to Cle Elum, where he is looking after the C. M. and St. Paul Railway Co. employes.

Dr. E. S. Clark, of Sumas, has been appointed an assistant surgeon of the Marine Hospital Service, to be located at Sumas.

Dr. N. G. Blalock, of Walla Walla, has been doing considerable good work this winter for the Open River movement.

Dr. Anderson, until recently superintendent of the Medical Lake Hospital for the Insane, has gone East for rest and recuperation.

Dr. T. H. Holmes, of Bremerton, met at Seattle last month, some of his friends who are interested with him in the Copper River country.

Dr. Alice Champman, of Woodland, had her wrist broken and met with severe bruises and a nervous shock, from a runaway that she was in last month.

Dr. H. W. Allen, of Spokane, had to state most emphatically that he would not run for mayor before his friends would desist from trying to make him.

Dr. C. H. Day, of Dayton, had a party at his residence in honor of the 175th anniversary of Washington's birth. It was a colonial party, and the dress of the guests was in keeping with the event.

Dr. John H. Sheets, of Buckley, who was in the legislature, introduced two good bills—one to prevent the pollution of public water used for domestic purposes, and the other to provide a system of registration of births and deaths.

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Idaho.

Dr. H. S. Naramore, of Culdesac, was in Grangeville last month.

Dr. Andrew Kershaw, of Grande Ronde, was a Portland visitor last month.

Dr. O. F. Page, of Sand Point, was called to Hope last month to see a patient.

Dr. D. D. Drennen, of Rathdrum, has been appointed County Physician of his county.

Dr. and Mrs. Geo. S. Stockton, of Grangeville, gave their friends a valentine party.

Dr. and Mrs. Frank Mitchell, of Blackfoot, have been calling on their old friends at Weiser.

Dr. L. C. Sweet and Dr. John Woodburn, of Boise, have removed to Goldfield, Nevada. There is general regret in Boise at the departure of these two gentlemen for pastures new.

Dr. and Mrs. C. W. Slusser, of Sand Point, are in Chicago, where the Doctor is taking a post-graduate course at the Rush Medical College. It is reported that the Doctor is undecided whether or not he will return to Sand Point.

Montana.

Dr. L. E. Holmes, of Helena, has gone East, to be absent about a year on business and pleasure combined.

OBITUARY.

The death took place on February 1st of Dr. Horace Campbell, of Hoquiam, Wash. The death was rather sudden, and certainly unexpected by the Doctor's friends. Dr. Campbell had practiced medicine for eight years in Hoquiam, and was one of the best known residents of the county. He had just entered upon his second term as coroner. He was but 35 years of age, and was born in the vicinity of Hoquiam. For the past three years he had been associated in the ownership of the Hoquiam hospital with Drs. Wells and Watkins. He leaves a widow, mother and sisters, besides a brother who is a Hoquiam attorney.

Dr. Henry C. Smith.

Dr. Henry Clay Smith, of Kent, Wash., died at his home on the 27th ult. of pneumonia, just three weeks after the death of his father. Dr. Smith was 50 years old at the time of his death. He was a graduate of Ann Arbor, and for the last 25 years has practiced in Oregon and Washington. He was a brother of Mr. Milton W. Smith, of Portland. His mother is still living at Kent.

Dr. Wm. E. Fifield.

Dr. Wm. E. Fifield, of Tacoma, died on the 23rd ult. at his residence. He was in his 81st year, and had not practiced medicine for the last year and a half. He practiced medicine in the early days on Sutter Creek, California, during the gold excitement there. He took a second medical degree in San Francisco in 1876. In 1889 he moved to Tacoma.

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MEDICAL SENTINEL

APRIL
1907

Volume XV **Number 4**

Notes

The Snohomish County Medical Association has organized an auxiliary of the state society for the prevention of tuberculosis.

Dr. W. H. Byrd recently gave a very timely and valuable address to the pupils of the Salem High School on the subject of Tuberculosis.

A very successful meeting was held at Lewiston, Idaho, on the 19th ult. of the North Idaho District Medical Society. The next meeting will be held at Lewiston on the 18th of June.

Dr. R. C. Yenney, as member of the State Board of Health. has been very active in striving to prevent the spread into Oregon from Washington and Idaho, of smallpox and typhoid fever.

Governor Chamberlain of Oregon has appointed the following physicians on the State Board of Health: A. C. Smith, of Portland; Alfred C. Kinney, of Astoria, and C. J. Smith, of Pendleton.

The Lane County Medical Society proposes to see to it that the law is enforced relating to illegal practitioners. It also resolved to combat to the best of its ability the present patent medicine craze.

The Skagit County (Wash.) Medical Association had an interesting meeting at Sedro-Woolley on the 22nd ult. The business meeting was followed by a menu at the hotel that was out of sight, and the toasts were brilliant.

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Ashland, Oregon, has adopted a city ordinance governing the reporting of contagious diseases, which is very stringent, and the authorities announce that it will be enforced to the letter, or severe penalties will be visited upon the offenders.

The Seattle Times is showing up the shortcomings of the sewage system of our neighboring city. It pictures a horrible state of things, and asserts that for the month of February Seattle had the highest death rate ever known in the city.

The Coos and Curry Counties Medical Society was recently organized with the following officers: President, Dr. C. W. Tower, of Marshfield; Vice-President, Dr. Walter Culin, of Coquille; Secretary-Treasurer, Dr. J. W. Ingram, of Marshfield.

The railroad men in Spokane are agitating a project for the establishment of a permanent home for disabled, sick, injured or crippled railroad men. It is a praiseworthy project, and if properly managed would be a form of benevolence that would be of great value.

Some hot springs near Seattle are to be utilized by a new resort, for which fifty-seven acres of land have just been purchased. They belonged to the estate of the late David T. Denny. It is claimed that over $100,000 will be expended in improvements, which will begin to be made this summer.

A letter from Dr. H. L. Power, of Archer City, Texas, formerly of this state, informs us that the legislature of his state is about to enact a favorable medical bill. Let us hope so, although there is often a slip betwixt the cup and the lip, when it comes to enacting medical bills.

While we regret that the well known manufacturers of Glyco-Thymoline had a fire on the 4th of March that destroyed the manufacturing end of their business, it is gratifying to know that they had a duplicate plant in storage, and they succeeded in four days in being able to begin manufacturing their product again.

The Portland Academy of Medicine is meeting with great success, and at a late meeting the following physicians were admitted to membership: E. J. Labbe, R. C. Yenney, C. S. White, E. D. Johnson and E. DeWitt Connell. This issue of the Medical Sentinel has a valuable paper read before the Academy by Dr. Binswanger.

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As a sample of the way some newspapers get things mixed, our old friend, Dr. J. M. Semple, of Spokane, has had to come out with a denial of the statement that he said "measles were responsible for more deaths during the war in the Phillippines than bullets." He had not been interviewed on the subject, and said nothing regarding it.

A new ruling in the state of Washington requires physicians to file their certificates with the county clerk of each county. The attorney general holds that it is necessary that these certificates be filed with the county clerk, as otherwise the physicians would have no legal standing, and could not use the courts to collect their fees.

In a recent issue of his local paper, Dr. Christie, a veterinary surgeon of Eugene, writes a letter on the importance of greater care against the spread of tuberculosis among human beings, from the use of milk taken from cows suffering from that disease. His hope that the legislature might enact some useful laws on this subject, looking to securing protection for the public, was not realized to any extent.

A nest of quacks at Seattle have made themselves so obnoxious there that the police authorities have determined to clean them out of the city, and prevent them from practicing medicine. These quacks, who exploit monkey fat and tigers' bone marrow as a cure for all the ills to which man is heir, can always collect an audience of gullible individuals, willing to contribute dollars to the sellers of nostrums. But the chief of police is after them, and he talks as though he meant business.

Our advertising family group for this month shows a new face. A newcomer who is at the same time an old friend—Sharpe & Doelhme. The most progressive houses begin to fully realize the pulling power of the Sentinel as a result getter, beause we have a clean journal, a clean policy and a large clientele made up of the up-to-date doctors of the slope. It, therefore, gives us pleasure to welcome an advertiser whose clean policy and reliable products have been their "open sesame" to the profession of the great West.

Dr. W. W. Mayo, father of the celebrated surgeons of Rochester, Minn., was recently in Seattle, on his way to Japan. Dr. Mayo senior is 88 years old, and a great traveler. He has spent the last fifteen years in visiting foreign countries. He usually travels alone. While in Seattle he is reported by the papers to have advanced the opinion that cerebro-spinal meningitis, which has been unusually prevalent on Puget Sound of late, is the result of a poisonous bite of some insect.

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The Asotin County (Wash.) Medical Association held an interesting meeting on the first of the month at Clarkston. A paper was read on Diseases of the Thyroid Glands by Dr. Ransom, and one on Treatment of Extensive Burns, by Dr. P. W. Johnson. The election of officers followed, with the following result: President, Dr. L. W. Woodruff, of Asotin; vice-president, Dr. P. W. Johnson, of Clarkston; secretary, Dr. I. U. Temple, of Clarkston; treasurer, Dr. S. D. Brazeau, of Asotin; censors, Drs. Ransom, of Clarkston; McElraine, of Anatone, and Fulton, of Asotin.

The late lamented legislature of Oregon passed at least one good law—a law which requires railroad companies to have certain places within the state where they will clean their passenger coaches, and also providing that the coaches shall not be swept while passengers are therein. One of the most fruitful sources of spreading disease such as tuberculosis, diphtheria, etc., is the custom of sweeping railway cars while crowded with passengers. Heretofore there has been no law in this state touching this matter, but now the State Board of Health has full power to make such regulations as it may deem best for the health of the traveling public.

The Yakima County Medical Society has undertaken to furnish a series of lectures in the public schools on the subject of tuberculosis. The lectures will be supplemented with pamphlets on the prevention and treatment of tuberculosis, prepared by the Washington Association for the Prevention of Tuberculosis. It is the idea of the Yakima County Medical Society to enlist the services of the school pupils in the war on the "great white plague." They are expected to carry from the school room to their homes proper instructions in regard to ventilation of rooms. Five physicians will deliver lectures in the Yakima city schools during April.

The meeting of the Central Willamtete Medical Association at the Alco Club Parlors on March 8th was well attended and excited much interest among the physicians. Those present were the President, Dr. Pernot, and Drs. Cathey, the Secretary, and Farra, of Corvallis; Dr. Bennett, of Monroe; Dr. Booth, of Lebanon; Dr. Prill, of Scio; Dr. Newth, of Philomath, and Drs. Myers, Stark, Trimble, Ellis and Wallace, of Albany. Dr. Bennett read a paper on "Thoracic and Abdominal Pains." Dr. M. H. Ellis was elected a delegate to the State Medical Association to meet at Seaside in July, and Lebanon was chosen as the next place of meeting.

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Editorial Notes

A Farcical Legal Proposition.—It was a farcical legal proposition advanced by the lawyers of one O. V. Lawson, of the state of Washington, to the U. S. Supreme Court, that Lawson's constitutional rights were being infringed upon by the Washington authorities, who would not permit him to practice in that state without a license. He had been so persistent in his determination to practice that he was sentenced to jail for ninety days, and to pay a fine of $100. It was in an appeal from this record that he went to the Supreme Court of the United States. That court very properly threw the case out on the ground that they had no jurisdiction, as no federal question was involved. There are all sorts of wrongdoers who, when the jail is staring them in the face; can see federal questions involved, and their lawyers can, too, provided the client has enough money to pay the expenses and a good lawyer's fee. But this is the most farcical legal proposition extant, that whenever an alleged doctor is prosecuted by a state, under the police power inherent therein, his constitutional rights are being trampled upon. Lawyers will some day advise their clients that there is no redress to be had at the capital of the nation in such cases—provided they ever come to the place where they will give honest advice. The authorities in our sister state are to be congratulated on the outcome of this exceedingly annoying case of a bad offender.

The Dust Nuisance.—There will come a day when the municipal authorities of all wide-awake cities will devote some attention to the alleviation of the dust nuisance. The season is coming when occasional sprinkling of the streets will prevent the wafting hither and yon of clouds of dust raised largely by the low-hung automobiles that have become a part of the equipment of the twentieth century man about town. These clouds of dust are often heavily charged with disease germs of every sort. One of the leading characteristics of the average American city is a horrible condition of the streets. In all the business streets of most European cities, the asphalt is washed down as clean every night as a well-kept kitchen floor, and the danger from germs such as are found in the usual street dust, is reduced to a minimum. Our city health departments are overworked, under-manned and underpaid. They do the best they can, and make many valuable suggestions that are ignored by the city councils who hold the purse strings. It may be that there is no great waste of public money in our municipal government, although there is danger of this, most of the time. Many things that are purchased are needed; sewers are constructed, bridges built, fireboats put into commission, fire departments kept up to a more or less efficient state, police hired and paid, but sufficient attention is never given the health departments. This is the business, very largely, of the municipality, by good rights, although it is a duty that, in this country, has been more honored in the breach than in the observance.

"Doctors and Politics."—Under the above caption there appears an article in the Oklahoma Medical News Journal, in which appears the following excellent advice: "Now as to the means of securing legislation. ..

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has long been the opinion of the writer, many times forcibly expressed on the floor of the State Society and elsewhere where medical men have been gathered together, that doctors as a class expect too much of the committee they appoint. For instance, a committee on legislation is expected to secure the enactment of needed laws without any further effort on the part of the individual doctor. I desire in this place to urge that every doctor make of himself a committee to interview the candidates of every party seeking nomination to the legislature in this new state and securing his pledge to support such legislation as may be recommended to him as a member of the legislature, by organized medicine. If the prospective candidate will not do this, forget your politics long enough to remember that you are a member of the noblest profession on earth, and then see him again 'at Phillipi.'"

Cerebro-Spinal Meningitis.—The Seattle community has been very much worked up, during the past month, over the alarming spread of cerebral spinal meningitis. The following terse statement regarding the matter from Dr. H. M. Read, President of the King County Medical Society, will be read with interest:

"I cannot voice the individual opinions of the members of the King County Medical Association, but, as far as I am personally concerned, I think it wrong to conspicuously parade this matter before the public in the daily press. It is certainly creating a panic among nervous people of both sexes, and can do nothing but harm. I believe that the situation, through this alarm, is very much exaggerated, without denying, however, that it is a serious disease when acquired.

"The total number of deaths scarcely, if any, excels those from accident. This is a very large city, and out of 200,000 people one death a day from cerebral spinal meningitis is a very small percentage of the whole population. Because the disease is of such a nature it cannot be promptly cured and has a high mortality is no reason why it should create a panic simply because it is cerebral spinal meningitis. Tnere are but a comparatively few number of cases in the city. An epidemic of typhoid, where there would be five or six hundred cases in, say, two months, with mortality of one or two a day, would not likely attract very much attention, because the patients sick with this disease would linger for days and weeks before they died.

"There have been perhaps forty deaths from cerebral spinal meningitis in two months. While it would have been better had there been none, still, the epidemic is not in sufficient proportions to warrant the amount of agitation caused by the scare headlines in the daily press. Several physicians have informed me, and it is my experience, that they have been summoned post haste a number of times in the last few days, to see persons who imagined they had suddenly contracted the disease from symptoms brought on through fright from reading the accounts published in the daily press. It is all right to publish the news, but it can do no particular good to scare nervous people."

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

THE DRUGGIST TAKING LIBERTIES

Of course not everything we read, in even medical journals, can be taken for gospel; but if it is true, as stated in a letter to the American Journal of Clinical Medicine, that in the state of Washington "the retail druggist reserves the right to substitute a proprietary remedy for your prescription, even in your presence," then this is an important factor in determining the question as to whether the doctor should dispense or not. The correspondent in question writes from Spokane, and among his troubles is the fact that the wholesale druggists will not sell to the doctors. If there is one elementary principle which we always supposed should be absolutely followed, it is that the druggist must, to the letter, follow the prescription, except in cases where he believes that an error has been made, and that the prescription as written would cause an injury to the patient. Then it is his duty to communicate with the physician writing the prescription, before filling it. But if it is true, as quoted above, that the Washington druggist is so airy that he will wilfully disregard the written terms of a prescription, and openly practice substitution, then the drug business is in a bad way. We can hardly believe it. Such a general practice would work havoc with the drug business anywhere, and the druggist's occupation, as far as his prescription department is concerned, would be gone. The one thing that will drive the physician to put up his own medicines, is the assurance that he cannot depend upon the druggist to follow the directions of the prescription.

THE ARMY MEDICAL BILL

The ways of Congress are inexplicable. It has again adjourned without passing the bill "to increase the efficiency of the Medical Department" of the army, but which a medical contemporary well says has for its prime purpose the increase of the efficiency of the army. While

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it is true that no war clouds are now to be seen in the skies of the United States, yet the way to avoid war and its disasters is to be prepared for it. The additional cost of the proposed new measure is a mere bagatelle, when its advantages are considered. Its most earnest advocates, who have no selfish interest whatever to serve, are well nigh tired of stating again and again the reason for the passage of this or some equally beneficent law, improving the medical service of the army. The old arguments, drawn from experiences of this country in the past wars; of England in its wars in the Crimea and South Africa, and last but most important of all, the lessons drawn from the experiences of the Japanese in the late war on Russian territory, should be enough to convince the most hardened congressman that something should be done at once, along medical lines, to make our army more efficient. Let us hope that this bill, which has already passed the senate, and been favorably reported by the committee on military affairs in the house, will become a law before we have another war on our hands. But the men who are responsible for the inaction of Congress have a serious burden on their consciences, provided their consciences are of the sort that feel a burden.

DISCUSSING DIPLOMAS

It is unscholarly for any writer to profess to settle all debatable questions with a blank assertion, deciding, once for all, the whole matter. For the editor of the California Medical Journal to assert unqualifiedly that "A medical diploma good in one state should be good in all states" is not fair, and may be absolutely inaccurate. There are some very excellent members of the profession, not actuated by the trades union spirit either, who take the other view of the matter. It reminds us of the statement once made by a Sunday school teacher to her children, to the effect that "the Catholics say you should pray to Mary, but it ain't so." Maybe it "ain't so," and maybe it is. It is debatable, and people who are charitable, broad and scholarly are not in the habit of dismissing at a swoop all argument and all that may be said on the other side.

Why should a diploma good in one state be necessarily good in all? The conditions in California, say, or in Oregon, may be such that before the student can procure a diploma he must show certain qualifications, gained in a college of general learning. Some other state may have no such conditions. It may require only that he shall pass certain examinations in a medical college. Why should Oregon or California give a citizen of some eastern state authority to practice medicine in its boundaries, when it would deny to one of its own citizens that privilege, unless he possessed greater qualifications than the eastern applicant may possess? Certainly there are cases where no wrong is done when it is insisted that a diploma which may have been issued in one state may not be sufficient authority to practice in another state.

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There are in some states men practicing who practically never passed any examination, or if any, then it was merely perfunctory. They are allowed to continue to practice because they were in the profession before later and more stringent rules were adopted. It would be a hardship to deprive them of the opportunity to make a living in the only branch of industry that they know. But they would entirely fail to pass such an examination as is required today of the citizen of California, and such being the case, why should their diploma, issued by some eastern or middle or western state years ago, before stringent regulations were deemed important, entitle them to practice in California today?

There are those, of course, who claim that we should have absolute freedom of action; that there should be no examination whatever; that anybody who wants to start a bank and who can get deposits, should be entitled to hang out his shingle; that any "doctor" who can get patients, should be allowed to do so; that any dentist, regardless of his education, who can get people to submit their teeth to him, should be allowed to prey upon the public. But we assume that no editor of a medical magazine would for a moment take that position. Yet, the position that a diploma good in one state should therefore be good anywhere, is along the same line. It is, in the judgment of most physicians, a backward step, and we are thankful that the legislatures of today, backward as they are in good works, have not gone so far in a retrograde direction as to agree with our medical contemporary.

PICTURES AND UNETHICAL ADVERTISING

Whenever a doctor's picture appears in a lay newspaper, is it fair to charge him up with doing unethical advertising? The newspapers of the day are picture mad. Whether it costs them less to fill up their columns with pictures of men who have been be-pictured to death, or not, we cannot say; but presumably the typographical union, which runs things pretty much to suit itself, sees to it that the worker, and not the employer, gets the benefit of the pictnre. There has been a great deal of fuss made of late over the appearance in a newspaper of a bevy of pictures of St. Louis Doctors, and these doctors have been charged with an undue amount of advertising for their own personal aggrandisement. Just whether or not it does a physician any good to have his picture printed—whether it brings him business, directly or indirectly, is certainly open to discussion. However that may be, whether he likes it or not, let it once happen that a photograph, however antiquated it may be, gets into the hands of the newspaper fraternity, it is never known how often it will be used—sometimes to his discomfiture. The proclivity of the newspapers of the day, in season and out of season, to adorn their pages with pictures is so well known, that not every time a physician's face appears, whether it be that of an Adonis or otherwise, should he be charged with unethical advertising.

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DIGESTION AND DIET IN DISEASE. WITH SPECIAL REFERENCE TO OBESITY, DIABETES AND BRIGHT'S DISEASE

By OTTO S. BINSWANGER, Ph. D. M. D.

Professor of Chemistry and Toxicology, Medical Department of the University of Oregon, and Professor of Chemistry North Pacific Dental College, Portland, Or.

Read before the Portland Academy of Medicine

It can be safely stated that there is no other field in the practice of medicine where there is so much groping in the dark, so much guess-work and so much empiricism used as in the field of Digestion and Diet, and that even by otherwise well educated and progressive physicians.

While I recognize that fact and sincerely deplore it, I am unable to satisfactorily account for it.

In recent years so much valuable research has been carried on, so many disputed questions settled, so much new and practical knowledge has been acquired and so many new and important scientific facts discovered in that line, that there is just cause to wonder why the above subject is still treated by a large part of our profession in a kind of haphazard, empirical and unscientific way.

For the purpose of bringing this subject prominently before you, I ask your attention this evening to a concise recapitulation of what has been accomplished by laboratory researches in this, as well as in foreign countries, and to a practical application of these accomplishments in the treatment of diseases.

DIGESTION.

The food introduced into the stomach has been justly compared with the fuel fed to the furnace, supplying motor power to a very complicated piece of machinery.

Briefly speaking, the food for the support of the working part of the human body is of two kinds, organic and inorganic. Since the inorganic foods, such as water and inorganic salts, are of such simple structure, and therefore so readily absorbable, we can dismiss that part from our consideration entirely, and shall discuss here briefly, the organic foods only.

The organic food is either made up of proteids, gelatinoids, carbohydrates or fats, or of a mixture of two or more of the above.

It is no longer an accepted theory that most of the food is digested in the stomach. Considerable of it is digested in the mouth

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and the larger part in the intestines. We therefore have to distinguish between salivary, gastric and intestinal digestion.

Salivary Digestion.

Food introduced into the mouth is mechanically broken up by the teeth and mixed with saliva.

Saliva is the combined secretion of the parotid, submaxillary and sublingual glands.

The function of the saliva is two-fold: First, it keeps the mucous membrane of the mouth moist and lubricates the food bolus, and second, it converts some of the starchy food into maltose. This latter action is due to a ferment called ptyalin. The conversion of starch into sugar by ptyalin is a progressive hydrolysis.

The first change is the formation of soluble starch (giving a blue color with iodine), which is split up into maltodextrose, and erythrodextrine (giving a red color with iodine). The dextrines then split up again and form maltose, maltodextrine and achroo-dextrine, which are not colored by iodine. Achroodextrin again forms maltose and maltodextrine.

The quantity of saliva secreted is usually underestimated, normally it varies from 600 c.c. to 1500 c.c. (1 to 3 pints) and it is easily excited by the chewing of insoluble substances, by the sight or smell of food, or other reflex stimulants.

Eating quickly, without properly masticating or chewing the food, therefore, means a diminished secretion of saliva, and consequently a failure of digestion of some of the starchy foods which should properly be carried on in the mouth.

Gastric Digestion.

After the food has been masticated and partly digested by the saliva it is passed on through the oesophagus into the stomach, where, by the muscular contractions of that organ, it is kneaded and acted upon by the gastric juice. By this double action of the gastric juice, and also by the addition of fluids ingested during meals, the food is converted into a turbid liquid, known as chyme. The gastric juice is secreted by the follicles of the stomach, and has the following composition:

Water	99.26 per cent.
Pepsin and other organic matter..	0.30 per cent.
Rennet	?
Free H Cl.	0.22 per cent.
Alkali Chlorides	0.20 per cent.
Phosphates of Ca. Mg. andFc...	0.02 per cent.

Of these different ingredients, pepsin and Free H. Cl. play the principal role. Pepsin in the presence of free H. Cl. has the power of converting proteids into albumoses and finally into peptones.

Opinons differ greatly as to the source of the free H. Cl. Some physiologists hold that all H. Cl. is derived from the Na. Cl., present in food, by the power of selective absorption possessed by the cells of the gastric mucosa. The cells split the Na. Cl. by hydrolysis, the

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alkali passing into the blood and the acid into the lumen of the gland.

Others hold that either one or the other of the following processes takes place:

First—$2Na_2HPO_4 + 3CaCl_2 = Ca_3(PO_4)_2 + 2HCl + 4NaCl$.

Second—$CO_2 + 2\ NaCl + H_2O = Na_2CO_3 + 2HCl$.

The action of the gastric juice upon proteids is a subject which has undergone several changes and revolutions. At present most physiologists believe that the following changes take place:

Simple proteids are first changed into syntonin, which is an acid albuminate; this is split into compounds known as primary protoses. of which two kinds are distinguished. One kind proto-proteose, which is soluble in water; the other hetero-proteose, insoluble in water, but soluble in dilute salt solution. By further action, these primary proteoses form deutero-proteose, which is finally split, forming peptone.

Intestinal Digestion.

While the gastric contents are decidedly acid, the intestinal contents are alkaline, and in sufficient quantity to neutralize the acid chyme.

The entrance of the acid gastric juice into the intestines causes a reflex secretion of the pancreatic juice, the bile and the intestinal juice, comprising the digestive fluids of the intestines.

The pancreatic juice is a very complex mixture of which no thoroughly reliable analysis is on record. It is known, however, that it contains the following enzymes:

First, Amylopsin—This is closely related to ptyalin, and converts raw or boiled starch into erythro-dextrine, achroodextrin and finally into maltose and dextrose. The dextrose is probably formed by the invertion of the intestinal juice.

Second, Trypsin—By this enzyme, proteids are converted into peptones.

Third, Steapsin—This enzyme changes fats into glycerine and fatty acids. The liberated fatty acids combine with the alkali of the pancreatic juice, forming soaps, which in turn and in connection with emulsifying enzyme, acts on another portion of fat and form an emulsion.

Fourth, Renin—An enzyme which is little known and which is capable of emulsifying neutral fats.

Fifth—A milk curdling enzyme.

The Bile.

The composition of the bile is:

Water	91.68
Mucus and pigment	.129
Glycocholate of sodium	3.03
Taurocholate of sodium	0.87
Soaps	1.39
Fat	.73
Lecithin	.53
Cholestrin	.35

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The quantity ranges from 1000 to 1700 gms. in twenty-four hours, and is greater during digestion than during fasting.

The functions of the bile are, according to Bartley:

1st. To assist in emulsifying fats and in the presence of the pancreatic juice to assist in saponifying them.

2nd. It readily wets the mucous membrane and it assists in the formation of soaps.

3rd. It checks putrid fermentation in the intestines.

4th. It precipitates the pepsin, syntonin, albumoses and peptones, from the chyme and stimulates the production of intestinal juice and intestinal peristalsis.

5th. It stimulates the contraction in the muscular coat of the intestines and villi, increases the moisture in the intestine, acts as a lubricant and favors the passage of the contents of the small intestines.

6th. It contains a diastasic ferment which changes starch into sugar.

THE INTESTINAL JUICE OR SUCCUS ENTERICUS.

The digestive fluid is secreted by the glands of the intestinal mucous membrane, principally by Lieberkuhuns and Brunner's glands. It dissolves proteids, slowly changes starch into sugar, changes maltose into dextrose, lactose into dextrose and galactose, and inverts cane sugar.

The digestive liquids having changed the food from very highly complicated organic compounds into relatively simple ones, the so changed food is now ready for absorption.

Contrary to former views, it is now definitely known that very little of the digested food is absorbed by the stomach, but almost entirely by the selective action of the cells of the intestinal mucous membrane. This process of absorption is more of a physical or physiological process than a chemical one. It is a process of osmosis, modified by special conditions.

The food having been absorbed in the way just indicated, the next step is its assimilation, yielding heat and cell energy,—mental, nervous and muscular. To follow this very intricate change would lead us beyond the scope of this paper.

In health, ingestion of food, its digestive absorption and assimilation goes on regularly and it makes comparatively little difference whether the relative proportion of proteids, carbohydrates and fats, is the correct one, deficient or in excess. But in acute or chronic disease, especially in gastro-intestinal troubles, in obesity, chronic under nourishment, toxemias, anemias, etc. it becomes absolutely essential that we, as physicians, should be able to prescribe for our patients the kind and amount of food that it is desirable for them to take.

In the consideration of diet it is usual to consider chiefly the three proximate principles, proteids, carbohydrates and fats, and it is necessary that these three ingredients should be so adjusted that neither should be in excess over and above the needs of the body. The proportion of C. to N. in proteids is about three to seven. If a person lives entirely on proteid food, his diet will contain too much N. and too

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little C. If he lives entirely on carbohydrates he would not get sufficient N. to nourish the body. Food is estimated by the amount of calories it furnishes. By one calorie we understand the amount of heat it takes to raise the temperature of one litre of water one degree centigrade.

For example, 1 gm. of fat, when completely oxidized, furnishes about 9 calories; 1 gm. of carbohydrate or proteid, 4 calories.

The European estimate for an adult not doing work, is 2400 calories; for ordinary work, 2800 calories. The American estimate for ordinary work is 3500 calories.

In the following we have a list of ten observers, giving the necessary daily diet. The last column gives the average of the ten authors quoted:

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Table Giving the Standards of Diet as Determined by Different Investigators.—(Adult Man Doing Light Work.

	Moleschott		Volt and Pettenkofer		Ranke		Playfair		Foster		Landois		Dujardin-Beaumetz		Rubner		Munk		Atwater	
	Gm	Oz.	Gm.	Oz.	Gm.	Oz.	Gm	Oz.	Gm	Oz.	Gm	Oz.	Gm	Oz.	Gm.	Oz.	Gm	Oz.	Gm	Oz.
Proteids	130	45	137	4.8	100	3.5	119	4.2	133	4.7	120	4.0	124	4.4	127	4.4	100	3.5	125	4.4
Fats	84	3.0	117	4.1	100	3.5	51	1.8	95	3.2	90	3.2	55	1.9	52	1.8	56	2.0	125	4.4
Carbohydrates	404	14.2	352	12.4	240	8.5	530	18.7	422	15.0	330	11.6	430	15.1	509	18.0	400	14.1	450	15.8
Salts	30	1.1	30	1.1	25	0.9														
Total dry food	648	22.8	636	22.4	456	16.4	4700	24.7	650	22.9	540	18.8	609	21.1	688	24.2	566	19.6	700	24.6

	Average Gm.	Oz.
Proteids	121.5	4.3
Fats	82.5	2.9
Carbohydrates	406.7	14.4
Total dry food	610.7	21.6

1 pound avoirdupois equals 453.6 gm.
1 ounce avoirdupois equals 28.3 gm.

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Table 1—Values of Common Foods in Household Measures.

Foods as Eaten.	Actual Amount.	Household Measure.	Calories.	Grams proteid.	Remarks.
Milk	8 oz.	A glassful	160	8.4	
Buttermilk and skimmed milk	8 oz.	A glassful	80	8.0	
Cream	8 gms.	A teaspoonful	20	0.2	
Condensed milk, sweetened	20 gms.	Heaping teaspoonful	60	1.8	
Condensed milk, unsweetened.	20 gms.	Heaping teaspoonful	30	1.8	
Cocoa powders	10 gms.	Heaping teaspoonful	40	2.0	
Chocolate powders	10 gms.	Heaping teaspoonful	90	1.2	Greater nutritive value depends on larger amount of fat.
Beef juices, beef tea, bouillon clear soup	5 oz.	A teacupful	5-30	1-3	
Proprietary beef fluids	8 gms.	A teaspoonful	1-10	4-2	
Beef and egg powders	10 gms.	Heaping teaspoonful	30	8	
Thicck or cream soup	8 oz.	A soup-plateful	100-250	.....	Nutritive value increases as the thickness is made greater by proteid or carbohydrate addition to milk.
Alcohol	1 gm.		7		
Whisky, brandy, etc.	1 oz.		85		
Wines	1 oz.		15-40		
Sugar	10 gms.	Heaping teaspoonful	40		
Eggs, whole	50 gms.	One	70		
Eggs, yolk		One	55	2.4	
Butter	10 gms.	A one-inch cube	65	0.6	
		A one-inch cube	45	3.0	
		Heaping teaspoonful	60	12.0	¼ lb. lean steak will thus give 185 calories an ordinary genrous portion of rib-roast with moderate fat about 225 calories.
Cheese	10 gms.				
Meat and fish, lean	50 gms.				
Meat, medium fat	50 gms.	Heap'g tablespoonful	100	7.0	
Met, very fat	50 gms.	Heap'g tablespoonful	150	4.0	
Oysters, small	8 gms.	One	3	.5	
Oysters, very large	25 gms.	One	10	1.5	
Bread, slice, 4x4½ in. thick	25 gms.	One slice	50	1.5	
		One	12-30	3.6	
Crackers	3-10 gms.	A teacupful	110-150	3-5	A cupful equals a saucerful; a bowlful equals 2 cupfuls.
Cereals, in cooked state	30-40 gms.				
Cereals, eaten as purchased	5-7 gms.	Heaping teaspoonful	18-25	5.7	
Shredded wheat	30 gms.	One	100	3.	
		One	50	1.5	
Triscuit	15 gms.	Heap'g tablespoonful	25	2.0	The apparent low value due to large amount of water.
Peas, fresh or canned	35 gms.				
Peas, dried	25 gms.	Heap'g tablespoonful	100	6.0	A tablespoonful of dried peas to a plateful of soup.
Beans, dried	25 gms.	Heap'g tablespoonful	90	5.0	Value depends on amount sugar and gelatin used.
Beans, fresh or canned	30 gms.	Heap'g tablespoonful	30	1.0	
Potatoes, medium size	90 gms.	One (3 inches long)	80	1.0	
Jelly, sweetened	.....	A teacuupful	50-120	.....	
Apples	100 gms.	One	40	.2	
Oranges	125 gms.	One medium size	60	.5	
Bananas	50 gms.	One medium size	45	.7	
Dried fruit, prunes, etc.	100 gms.	Med. size saucerful	100-200	1-2	Value depends largely on the sugar used as preservative.

Dudley Roberts, A. M. A. April 21st, 1900, p. 1163, gives a very practical list of values of common food, expressed in household measures:

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The above list will guide us materially in making up a bill of fare for our patients, adjusting it to the individual wants. We must, however, bear in mind, also, that in the selection of articles of food, containing the proper amount of proximate principle, we must consider its digestibility. There is, as we all know, a great difference in the digestibility of oysters, chicken and smoked beef, although all three are proteid food articles. The same principal holds good with carbohydrate foods or fats.

In making practical use of the above knowledge I shall select three pathological conditions which will illustrate the necessity and importance of regulating the diet, namely:

OBESITY, BRIGHT'S DISEASE AND DIABETES.

Obesity.—German writers have distinguished three degrees of obesity, the enviable, the comical and the pitiable stage. The first and second degrees offer no pathological interest and are in most cases looked upon as a mild punishment for high living. Persons afflicted with superfluous fat of the first and second degree are usually of a genial, happy and good natured disposition, and their excess adipose tissue does not trouble them to the extent that they would be willing to make sacrifices to change their mode of living and especially to adhere to a strict and restricted diet.

The third variety, however is not only objectionable from an aesthetic standpoint and a hindrance to proper locomotion, but it gives rise by the mere mechanical presence of excessive fat-accumulation, to dangerous complications about important organs, notably the heart, arteries, the stomach, the digestive and nervous system.

Up to recent years the treatment for obesity has been to advise our patients to take a requisite amount of exercise and to impress upon them the necessity of avoiding foods that contain carbohydrates and fats. In this advice we were guided by the idea that only fats and carbohydrates form fats. We now know also that proteids can and certainly do form fats, but we also know that the reduction of proteids much below a certain average is dangerous, while the amount of fats and carbohydrates can be reduced very considerably without much detriment to the individual. So that the modern treatment of obesity would resolve itself not only in the selection of the quality of food, but largely, also, in the quantity of food, *as expressed by calories*, bearing in mind that any article of food can form fat, according to its caloric value, and that the introduction of more calories, either in the form of fat, carbohydrates, or proteids, than are required to maintain the normal nutritive equilibrium, may lead to the deposit of fat in the tissues, whereas the introduction of less calories leads the organism to promptly attack chiefly its fat reserve to make up the caloric deficit.

Croftan, Journal A. M. A. of September 15th, page 820, has published a table by the use of which, in connection with a table giving the caloric value of different articles of food, the number of calories required normally are furnished.

If under such normal caloric diet the patient does not lose weight, the caloric values are reduced to four-fifths, three-fifths or even two-fifths. Necessarily the reduction in the number of calories of the

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digested food must cause a proportionate decrease of adipose tissue. Whether it is best to restrict the quantity of carbohydrates or of fats, is still an unsettled question; practically, however, it will be found that a restriction in fats will give better results than the restriction of carbohydrates. Sixty to 80 gms. of albumin is necessary to maintain the nitrogen equilibrium and to protect tissue albumins; the remaining number of calories must be made up of carbohydrate and fats, preferably the former.

Three meals a day should be administered and in addition it is well to give between meals, small quantities of fruit, bouillon or coffee. These articles of food possess small caloric value, they keep the patient from getting too hungry and will, therefore, prevent an over-eating at meal hours.

Regarding the restriction of liquids in the treatment of obesity, I find that wrong notions are not only entertained by the laity, but also by a large part of the profession.

Water possesses no caloric value as a food and therefore can not give rise to the accumulation of fat directly. In spite of this fact, we can notice, however, that when the above reduction treatment is instituted the loss of weight will be considerably greater when the amount of liquids is reduced. In fact, by not drinking any liquids, or but very little, obese subjects can reduce their weight in a few days from two to ten pounds. But we must bear in mind that that loss of weight is not a loss of fat, but simply a loss of water from the tissues. Indirectly a restriction in liquids has the effect that it lessens the appetite and consequently less food is ingested, with the result that less fat is formed. While it is therefore advisable to restrict the amount of liquids to some extent, this restriction must not be carried too far, or else we seriously interfere with the proper secretion of physiological products, and more so with the proper excretion of waste products. The twenty-four hours intake of liquids should, even with a reduction cure, not be less than 1 to 1½ litres.

Diabetes.

Unfortunately, the term diabetes means to us, no distinct set of pathological changes, but simply conveys to most of us the fact that in that disease the organism is unable, either entirely, or nearly so, to utilize the carbohydrate foods, which fact is evinced by the appearance of sugar in the urine.

What the future will reveal is, of course, not known, but at present we know that there is no specific for this common disease, and that we must direct our curative measures principally in the line of rational and appropriate diet.

Formerly it was believed that the sugar excreted in the urine resulted solely from the carbohydrate foods, and the necessary consequence was that the diabetic patients had to submit to a diet free of carbohydrates. In many cases such a restriction worked beneficially and even curative, but those cases belonged, as I pointed out in a paper read before the Oregon State Medical Society in 1902, to what is appropriately termed the alimentary types of diabetes in distinction to the composite type.

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In the alimentary type we have simply a mal-assimilation of the carbohydrates.

In recent years it has been ascertained by different observers that in a purely nitrogenous diet, more than half of the disintegrated proteids may pass off as sugar.

In the light of present knowledge we must, therefore, admit that in the composite type of diabetes, at least, that both carbohydrate, as well as proteid food, will, by faulty metabolism, be partly secreted as sugar. And since our foods must contain either one or the other, or both, we can not expect to prevent, by dietary regulations, the excretion of sugar in the urine of patients suffering from the composite type of diabetes entirely. We are, therefore, placed in the position to select one of two evils, and naturally will select the lesser one. Experience and experiments have proven that the excretion of sugar is greater under a carbohydrate than under a proteid diet and we very properly will restrict the former rather than the latter.

Based on such reasoning, Seegan Der Diabetes Mellitus, Berlin, 1905, published the following list of foods for diabetics.

SOLIDS.

Allowed in Any Quantity.—Meat of every kind, smoked meat, ham, tongue, fish of every kind, oysters, mussels, crabs, lobsters, meat jellies, aspic, eggs, caviar, cream, butter, cheese and bacon. Of vegetables: Spinach, lettuce, endive, Brussels sprouts, pickles, fresh asparagus, watercress, sorrell, artichokes, mushrooms, nuts.

Allowed in Moderate Quantity.—Cauliflower, carrots, turnips, cabbage, green beans, berries, such as strawberries, raspberries, currants, also oranges and almonds.

Forbidden Absolutely.—All foods made from flour or meal; bread is allowed in moderate quantities, according to the physician's orders; sweet potatoes, rice, tapioca, arrowroot, sago, grits, vegetables, green peas, cabbage, sweet fruits, especially grapes, cherries, peaches, apricots, plums and dried fruit of every sort.

BEVERAGES.

Allowed in Any Quantity.—Water, soda water, tea and coffee. Of wines: Bordeaux, Rhine wine, Moselle, Austrian and Hungarian table wines—in a word, all wines that are not sweet and that do not contain more than the average amount of alcohol.

Allowed in Moderate Quantity.—Milk, bitter beer, unsweetened almond milk, lemonade without sugar.

Forbidden.—Champagne, sweet beer, cider, fruit wine, sweet lemonade, liqueurs, fruit juices, water ices, sorbets, cocoa and chocolate.

Einhorn, Journal A. M. A. December 29th, 1900, p. 2144, uses about the same diet, and gives the following:

		Calories.
Breakfast:	Three eggs	240
	Half a roll (20 grams)	50
	Butter (30 grams)	251
	Coffee (150 grams), milk (100 grams), cream (50 grams)	203
Dinner:	A plate of soup (200 grams), with egg	85

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	Meat (200 grams)	200
	Asparagus with butter sauce (salad)	30
Supper:	Oysters or fish (100 grams)	100
	Three scrambled egges with butter (15 grams)	365
	Half a roll with butter (15 grams)	175
	Westphalian ham (50 grams)	200
	Apples, tea and cream (50 grams)	138

The bill of fare should be changed often and the food made as appetizing as possible. The gluten food in this country contains from 30 to 45 per cent starch, and bread made from it is objectionable to most patients' taste.

Lately I have, therefore, discarded its use entirely, and allow in its place smaller quantities of ordinary bread.

From a theoretical point of view I would object to the use of carbonated water, or effervescent drinks containing C.O.2, notwithstanding the recommendation of such drinks by men of well known reputation. We know that diabetic coma is due to an acidosis, produced by the formation of oxybutiric, diacetic acid, etc., which indirectly leads to an accumulation of C.O.2 in the blood. The blood conveys oxygen to, and C.O.2 from the tissues. Na_2Co_3 serves as the chief carrier for the removal of CO_2 from the blood. CO_2 and Na_2CO_3 forms $NaHCO_3$. The $NaHCO_3$ being conveyed to the lungs is split up into Na_2CO_3 and CO 2 being given off. But if we introduced in addition to CO 2 produced by the normal metabolism, an extra amount of CO_2 by effervescent drinks the quantity of Na_2Co_3 in the blood will be insufficient to carry off all CO_2 as $NaHCO_3$, CO_2 will accumulate and favor the production of coma.

The Diet in Bright's Disease.

Strange as it may seem, our knowledge of the real pathology of nephritis is much more limited than we once thought it to be.

Twenty-five years ago we understood by Bright's disease a well-defined pathological condition, originating in and confined to the kidneys.

Today we recognize the fact that albuminuria, which formerly was almost identical with Bright's disease, is nothing more than a symptom, the cause of which may be ante-renal, renal or post-renal. As the post-renal albuminuria is due to affections of the urinary tract, other than the kidneys, we shall not consider it here at all.

In ante-renal or renal albuminuria, the albumin of the serum, or rather, albumin, which passed through the circulation, finds its way into the urine. It is very doubtful whether the kidney alone can ever be the starting place of albuminuria. In many cases albuminuria is a symptom more of cardio-vascular than of renal disorders. In other cases, according to Crofton, metabolic disturbances which lead to the flooding of the blood and tissue juices with abnormal products of intermediary metabolism, lead to renal irritation and albuminuria. In still other cases the albuminuria is due to digestive disorders.

Again, it is by no means certain that a reduction, or even a cessation of albuminuria is always a signal of improvement. Albuminuria might be a compensatory phenomenon or, as Stern calls it, "A friend in disguise."

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Richard C. Cabot, of Boston, says:

"The attempt to establish the anatomical condition of the kidney by measurement of albumin and the search for casts, is fallacious in the extreme. The most reliable data about the urine are those most simply and quickly obtained; the twenty-four hours quantity, specific gravity and color."

This being the case, it is self-evident that the diet must vary according to the etiological factor.

Twenty to twenty-five years ago the establishment of a diagnosis of albuminuria meant at once the withdrawal of all solid nitrogenous food, the substitution of milk diet and a more or less reliance on carbohydrate food.

Today we know that the amount of albuminuria is neither increased markedly by a proteid diet, nor markedly decreased by a withdrawal of nitrogenous food.

Stern (Journal of the American Medical Association, Vol. 47, No. 20, p. 1621), performed a number of interesting experiments which prove that fact conclusively.

Concerning the diet in Bright's disease, the question, therefore, will not be so much as to what kind of food, proteids, carbohydrates or fats, should be given to our patient, but how much of a mixed diet, selecting for that purpose articles of food which we know by experience are easily and readily digested and furnish the necessary amount of calories.

F. C. Shattuck, of Boston, in a paper read before the A. M. A. in 1905, said: "The best place for printed diet lists, so kindly furnished us by manufacturers of dietetic preparations for Bright's disease, diabetes, gout, and other entities, is in the fireplace. The physician should be his own prescriber of food as well as of drugs."

This is my opinion, especially in regard to Bright's disease.

For many cases, in which a milk diet can easily be tolerated, we therefore would recommend such a diet, reasoning that it furnishes proteids, as well as carbohydrates and fats, in sufficient quantity and is easily assimilated. In cases, however, where milk disagrees, or is distasteful, or especially where there is dropsy or high cardio-vascular blood pressure, a milk diet should be avoided. For the last two named conditions, a milk diet would be objectionable for the reason that it is entirely liquid and too large amount of liquid would have to be ingested to furnish the necessary number of calories. Just for such cases, and for such only, I would suggest that the classical teachings of Van Noorden, in regard to drink restriction in nephritis, should be followed, but not nearly as strictly as he advocates.

Inasmuch as the disturbance about the cardiac-vascular apparatus in this type, especially steno-cardiac attacks and other consequences of high blood pressure are frequently produced by the circulation of toxic bodies, that fail of proper elimination by the kidneys, it is especially important, in order to prevent serious cardio-vascular complications, to administer sufficient water. Practically the amount of water daily ingested should not be less than 1500 c.c., or about 35 c.c. for each kilogram of weight.

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OPHTHALMOLOGY IN GENERAL PRACTICE

By RICHARD NUNN, M. D.

Read before the Portland City and County Medical Society, February 30, 1907

The question often arises what amount of knowledge of the affections of the eye and the remedies to be applied to them falls within the scope of the general practitioner. Let us suppose that such a one has not had the opportunities of a post-graduate course, but, as far as instruction goes, has had to depend on such as he obtained during his student years, supplemented by the experience he has had in his career as a practicing physician. Naturally persons will be met with all degrees of knowledge, some by nature shrewd observers with a good knowledge of the anatomy and physiology of the eye, who manage to pick up a very valuable amount of knowledge of the eye, its diseases, and the remedies thereof. Others, knowing that there are rocks ahead and that they are so situated as to be able to get the advice of a specialist, make no attempt to treat these cases, and perhaps from the specialist's point of view this may be right. But take the case of the man living away from any of the larger centres of population, and so unable to call in skilled help, what is he to do?

Having taught this branch of medicine for some years in the State Medical School, I am of the opinion that if the general practitioner can get the amount of information that tells him what he can safely treat and what he had better let alone he is standing on pretty sure ground, and his eye cases need give him no more worry than his other patients. In order to get this, a man must have a good knowledge of the anatomy and physiology of the eye—no more than such as will pass him with credit in his student's course. This must be supplemented by a knowledge of the elemental phenomena of optics such as can be gotten by a few days' earnest reading in any school primer on physical phenomena. He had better at once give up all idea of doing any refraction work. The apparatus with which to do this successfully is expensive, and even if one could, without instruction, get sufficient knowledge to do this side of the oculist's work with any satisfaction, it is doubtful if a general practitioner would get enough patients to warrant the outlay for apparatus and keep him in practice. Neither is it possible for the general practitioner to become sufficiently expert with the refracting opthalmoscope so as to be able to make ophthalmoscopic examinations with any confidence. To acquire this would take at least six months' practice in a clinic devoted to diseases of the eye.

But even when all cases falling under these two classes, to-wit:

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cases of errors of refraction and cases which can be diagnosed only with the aid of a direct examination of the fundus of the eye, are excluded, there remains a large class of cases where no instruments are needed for diagnosis or treatment, and which, therefore, are well within the province of any well-educated physician.

It seems impossible to believe that cases occur where the patient has called the attention of the physician to the fact that during some illness he could not see as well as he formerly could, and that the patient has been put off with the answer that it was due to biliousness or to that universal scapegoat of slovenly diagnosis, the stomach, or whatnot. Now what sort of physiologist is that physician who does not know that the first function of the eye is to see, and that sight being impaired means that some important pathological change has taken place in the organ and that it is his duty to find out at once the cause of this, or, if he is not able to do so, to send his patient instantly to one of those whom he knows can do so. This is no hypothetical case, but has occurred to me many times, and must have occurred to every oculist in the course of his practice. The oculist places such importance in the impairment of the visual function that almost his first step in treating an eye is to find out how much it can see. One of the commonest cases of this kind is albuminuric neuro-retinitis, where the patient is treated for headaches supposed to be due to impaired digestive functions, the urine not having been examined, and the impaired vision dismissed as a necessary part of a state of affairs that some change of diet or some course of medicine is going to relieve. Supposing the physician were to apply the same train of reasoning to some other organ of the body. Suppose the essential function of the kidneys were either impaired or in abeyance, and this impairment of function were thus airily dismissed, what would be thought of such a physician? Yet in the case of the eye (though not so absolutely important to the life of the individual as the kidney), such method of proceeding occurs again and again. I would like to say that if my vision did not remain at unity every day and all day long, I could not find out too quickly the reason why, and I should like to give every one the same advice gratis.

I have also heard the physician question the possibility of the existence of an optic neuritis because the patient suffered no pain and the vision was but slightly impaired. Again physiology should teach that the optic nerve is stimulated only by ether undulations, of such a rapidity and magnitude as to give rise to the phenomena of light and is insensible to any other kind of stimulus which gives rise to pain in nerve of common sensation. Opaque cornea, anterior staphyloma, and even pterygium, are diagnosed under the general head of cataract, when everyone who has learned the elements of anatomy must know that cataract is an opacity of the lens due to any cause whatever.

But now let us see how far toward a correct diagnosis a physician with no special training can come with his unaided senses. Superficial vascular injection of the conjunctiva can easily be differentiated from the deep purple injection of the sclera, and in this way a differ-

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ential diagnosis may be made between a simple conjunctivitis and an irido-cyclitis or scleritis, and thus all red eyes will not look alike to a careful observer. Anyone can inspect the palpebral conjunctiva and a knowledge of the exquisite smoothness of this structure in its normal state will make the diagnosis of granular ophthalmia easy. The same with the surface of the cornea, though here the trained eye of the oculist will, of course, see minute ulcers or abrasions or foreign bodies that will be passed over by those who do not know what to look for. The eye may be aided in this examination by a magnifying glass, and the concentrated light from an ordinary coal oil lamp. Of course ulcers of the cornea differ, as do ulcers of the skin, and so the oculist is able to recognize not only the fact that there is an ulcer, but will at once know with what kind of an ulcer he is dealing. This is useful in making a prognosis, but as the treatment of nearly all ulcers of the cornea resolves itself into physical and physiological rest, the mere fact that the ulcer has been seen is nine-tenths of the question.

With the unaided senses the movements of the iris can be examined and compared with the other iris, should the trouble be supposed to be in one eye only. By this means a very valuable amount of information may be obtained, for it would be a pretty good rule to make a good prognosis of all cases in which the iris moves readily, and a bad one where it did not move readily.

A few examinations of eyes will soon teach anyone who cares to learn, whether the tension is plus or minus, and no trouble need be taken about the quantitative increase or decrease of the tension, which is largely a personal question. Add to this the testing of the cornea for tactile sensation and the depth of the anterior chamber, and nine-tenths of the cases of glaucoma could be diagnosed by these simple tests. A few hours' study would teach any intelligent person how to make a quantitative test for the acuteness of vision, and so many cases which present an alarming array of symptoms would be quieted and reassured if told that the sight was unimpaired.

Thus many diseases of the eye could be correctly diagnosed by any intelligent physician who might not be able to call in the aid of an expert.

As to the treatment, it is only the application of the general rules of therapeutics to special cases.

As I wish to confine myself strictly to the title of my paper, I shall not enter into the question of what use the examination of the eye may be in aiding the physician to come to a correct diagnosis when the eye is only secondarily affected. This is largely a question of the correct examination of the deeper structures of the eye, and, as I have said, requires a special training. But there are many cases where the eye signs such as can be seen with the unaided sight may be of the greatest use to the physician. The iritic adhesion may tell the tale of specific disease or a rheumatic diathesis; the corneal ulcer may indicate a faulty nutrition of the body, caused by errors of diet; the inflamed cornea may indicate hereditary syphilis; and the opaque lens may help the diagnosis of diabetes.

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Thus, with the aid of a convex lens of three-inch focus, and concave mirror, such as I now show you, about 90 per cent of the cases of diseases of the eye, excluding refractive errors, may be diagnosed and prescribed for. To-wit: all diseases of the conjunctiva, including foreign bodies in cornea, diseases of iris, opacities of lens from whatever cause, and to a certain extent, diseases of the vitreous, the choroid and retina.

Some of the surgery of the eye is very simple and could be performed by any intelligent physician after he had seen it done at least once, viz: Slitting the canaliculus and probing the lachrymal canal, electrolysis for distorted cilia, the removal of a pterygium, some of the more simple plastic operations on the eyelids and enucleation of the lobe. I have purposely left out tenotomies, for, whilst the technique of this operation is very simple, the application of the operation as a means of curing a strabismus is a very complicated subject.

Hospital and Practice for Sale.

Hospital and residence, office furniture and instruments; practice over $750.00 a month cash; contracts with mill companies worth about $400 a month; practice established 23 years; want to retire; best opening in State of Washington for good surgeon. $11,000, mostly cash, buys everything. Address P, Medical Exchange Bureau.

Medical Examinations of School Children.

To sum up we may say that we have shown beyond peradventure that physical defects exist in about 60 per cent of all school children in New York; that in most cases these defects are remediable by proper treatment, and that the early discovery of these defects is the prime factor in the maintenance of the health of the school children and in enabling them to pursue their studies.

We have shown, furthermore, that backward, mentally deficient, and truant children can be vastly improved by the early recognition of physical infirmities which underlie their mental and moral defects, and that by appropriate treatment, if applied early enough, we can save these children from illiteracy, from drudgery in factories at small wages, or from an almost inevitable criminal career.

In view of these facts what can be more important than a systematic individual physical examination of every school child at stated periods, and what can be of more lasting benefit than the early application of the proper treatment in all cases in which physical defects are found?—From "The Doctor in the Public School," by John J. Cronin, M. D., in the American Monthly Review of Reviews for April.

Rectal examination sometimes aids in determining the variety of obstruction in prostate hypertrophy. If the prostate is comparatively small, the obstruction is probably due to the middle lobe; if large, to the lateral lobes.—American Journal of Surgery.

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CARDIAC NEUROSES

By HERMAN P. MARSHALL, M. D.
Pullman, Wash.

Read before the Whitman County Medical Society, Colfax, Wash., January 21, 1907

The term Cardiac Neuroses has an indefiniteness that does not commend itself to the service of scientific medicine, and it is to be hoped that the necessity for its employment will grow less as conditions affecting the heart are more exactly understood and mere symptoms are referred to their real causes. Strictly speaking, the term Cardiac Neuroses should be restricted to those disturbances of heart action, which are dependent upon a functional disturbance of its regulating nervous mechanism; but the term has been loosely used so that now it is used to include those disturbances of heart function which are not dependent upon demonstrable structural alterations of the cardio-vascular system—*i. e.*, it is now practically used synonymously with the term functional heart disease. Even this liberal application of the term has not been adhered to by some writers, who include true angina pectoris under the cardiac neuroses. I have not included true angina pectoris under the cardiac neuroses, preferring to follow the nomenclature of those who limit the term true angina pectoris to those cases of breast-pang which are dependent upon demonstrable lesions of the circulatory apparatus, usually a coronary arterio-sclerosis, and include all others under the term pseudo-angina; of course I do not deny the possibility of a neurotic element entering into the causation of the paroxysms of true angina but the fact that a morphological change is a prerequisite for its occurrence seems to me sufficient reason for excluding it from a paper of this kind. What I shall have to say this evening will be treated under the following headings:

1. Palpitation.
2. Tachycardia (rapid heart).
3. Bradycardia (slow heart).
4. Arrhythmia.
5. Functional Cardiac Insufficiency.
6. Pseudo-Angina Pectoris and Cardiac Pain.
7. Therapeutic Consideration.

All of the above enumerated symptoms may occur as manifestations of organic cardio-vascular disease, but tonight we are to consider the non-structural cases.

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Palpitation.

The term palpitation is applied to a forcible action of the heart of which the patient is conscious, and it may or may not have associated with it increase of rate, and irregularity.

Causation.—It occurs more freqently in females than males, especially at puberty, the climateric, and the catamenial epoch. Frequent causes are debility, anemia, neurasthenia, hysteria, dyspepsia, worry, anxiety, or strong emotion, esspecially excessive venery; overuse of tobacco, alcohol, tea, and coffee; occasionally a sequela of acute fevers; excitement or unusual occupation—this type was described by Da Costa during the Civil War, there being a great many young soldiers who suffered with palpitation; finally, there is a class of patients who suffer with palpitation, which seems to depend upon an innate hyper-excitability of the nervous system.

Manifestations.—The condition is usually paroxysmal, rarely continuous, or if so is attended with exacerbations. A paroxysm may last a few minutes, hours, or even days; usually it terminates within an hour. The attacks may vary in severity from the slight fluttering and "goneness," which dyspeptics often experience, to the most violent throbbing of the heart and blood vessels, which may or may not be accompanied by mental anxiety, sensations of dyspnea and oppression, and even precordial pain and nausea. The skin may be flushed and a capillary pulse may even be noticeable. In cases associated with extreme nervousness, a copious amount of clear urine of low specific gravity may be voided after the attack. The pulse rate is usually accelerated, sometimes reaching 160; in other cases there is very little, if any, acceleration. Occasionally irregularity is an associated phenomenon.

The physical examination is usually negative; there may be functional cardiac murmurs and even hypertrophy, if the condition has lasted long, consequently considerable care is needed not to make a mistake and call a functional murmur with palpitation and hypertrophy an organic valvular disease. We should remember that functional murmurs are not so characteristically transmitted as organic ones, and that they may be present at one examination and not at the next.

Prognosis.—The prognosis of palpitation is usually good, but sometimes it is exceedingly difficult to ascertain and remove the cause. Those cases dependent upon an innate hyper-excitability of the nervous system are among the least hopeful. In estimating our prognosis we should remember that hypertrophy may develop, if the palpitation recurs sufficiently frequently and with sufficient severity.

Tachycardia.

A rapid heart may be perfectly natural, some people having a pulse rate of 100 or even more per minute. Heart hurry may depend upon an excitation of the sympathetic nerves or the intracardiac ganglia, or an inhibition of the pneumogastric nerves.

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Tachycardia may be caused by the various conditions which induce palpitation, but they are not necessarily coexistent; we may have marked palpitation without tachycardia, and vice versa. Rapid heart is particularly common as the result of emotional disturbances; the extremely rapid action which follows fright may persist for weeks, or in rare instances may be more or less permanent. Some cases of tachycardia in women are supposed to be due to uterine or ovarian disease. There is a remarkable affection termed paroxysmal tachycardia, characterized by greatly increased heart action, the pulse sometimes reaching 240 per minute. The attacks are usually of short duration, rarely lasting more than several hours. The patient may have no distress, and be able to be about during the attack; on the contrary, there may be the most violent distress, substernal oppression, and dyspnoea necessitating the patient's lying down. In cases of persistent tachycardia, before making a diagnosis of neurotic heart hurry, we should always make an exhaustive examination for evidences of the following diseases: Phthisis, exophthalmic goitre, Addison's disease, chlorosis and pernicious anemia, arthritis deformans and tabes dorsalis. If we do not keep these diseases in mind, we are in danger of calling an initial tachycardia or one of the affections a neurosis, when in reality it is only a cardiac manifestation of a serious organic disease.

If the cause of tachycardia can be removed, the outlook for cure is good, but in the idiopathic form the true cause is rarely ascertainable, consequently these cases are rarely completely and permanently cured.

Bradycardia.

Bradycardia may be a congenital affair and have no clinical significance; it has been noted as a family condition, occurring in several generations. Napoleon is said to have had a pulse of from 35 to 40 per minute. In any case of slow pulse it is important to ascertain if the number of heart and arterial beats correspond.

Slow pulse may occur under the following conditions: (1) In convalescence from acute fevers, particularly typhoid, pneumonia, acute rheumatic polyarthritis, and in diphtheria. This condition is probably not a true neurosis but is due to myocardial weakness, as the exhibition of atropine, which paralyses the vagi, does not affect these post-febrile bradycardias. (2) In the puerperal state the pulse may beat as slowly as 30 per minute. (3) In nephritis we may get slow pulse due to increased blood-pressure which stimulates the vagi and thus inhibits the heart's action. (4) In disturbances of the digestive system, such as chronic dyspepsia, ulcer or cancer of the stomach, and jaundice. Bradycardia is said by some to be of frequent occurrence in appendicitis when gangrene has supervened, and consequently of considerable diagnostic and prognostic aid. (5) It may occur in uremia, lead and alcohol poisoning, and follow abuse of tobacco, tea and coffee. (6) May occur in anemia and diabetes mellitus. (7) Apoplexy, brain tumor and other diseases of the nervous system,

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which stimulate the vagi, may be accompanied by bradycardia. (8) Sometimes we have a slow pulse due to reflex disturbances from the genito-urinary apparatus. (9) There is the so-called essential bradycardia with no assignable cause.

The Stokes-Adams Syndrome, characterized by slow pulse and syncopal attacks either with or without vertigo and epileptiform seizures is classified by some writers as a cardiac neurosis, but as it is probably always due to a structural change in the cardio-vascular system, I should relegate it with true angina to the group of unclassifiable cardiac manifestations, and not consider it in a paper on cardiac neuroses.

Arrhythmia.

There are various types of arrhythmia, most of which are dependent upon organic disease of the circulatory apparatus. The most important varieties of neurotic arrhythmia are intermission and irregularity. Intermission occurs when one or more beats of the heart are dropped, while irregularity is the condition when the beats are unequal in volume or force, or follow each other at unequal distances.

The causes of neurotic arrhythmia are: (1) Toxic influences, such as tea, coffee, alcohol, and tobacco, and various drugs, such as aconite, digitalis, and belladonna. (2) Central causes, as hemorrhage and concussion; but more commonly psychical influences. (3) Reflexly from other organs, more particularly the digestive apparatus. It is often difficult to ascertain the exact significance of arrhythmia. Simple irregularity may persist for years and the subject be in good health. The late Chancellor Ferrier, of McGill University, lived to 84 with an extremely irregular heart for nearly 50 years of his life. Before pronouncing arrhythmia a neurosis we must be extremely careful to rule out any organic disease of the heart, as it is more commonly a manifestation of heart disease than a true neurosis.

Functional Cardiac Insufficiency.

By functional cardiac insufficiency I mean those circulatory disturbances which seem to be due to cardiac hyposthenia. It is very difficult to decide in these cases whether the primary trouble is in the myocardium or regulating nervous mechanism; it is probable that in some cases the trouble is essentially an asthenia of the nervous system, in others the trouble is essentially a myasthenia cordis, and in still another group of cases the trouble is due to a combination of myocardial and nervous weakness.

Causation.—The causes of this so-called functional cardiac insufficiency are numerous and in some cases inexplicable; in some cases it seems to be due to a congenital and inherent weakness of the organism; it is also due to anemia, particularly chlorotic anemia, and any debilitating influence, notably the infections and chronic constitutional diseases. Hysteria, neurasthenia, hypochondriasis, melancholia and other mental aberrations are sometimes contributing etiological factors.

Manifestations.—There is quite liable to be fainting on assuming the erect posture; palpitation, especially on exertion, and cardiac pain

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are quite constant symptoms; the extremities are usually cold, and sometimes have a numb and unnatural feeling. A slight amount of oedema of the ankles at night is quite common; it is questionable how much of this is due to the circulatory insufficiency and how much is due to alterations in the composition of the blood or minute unrecognizable changes in the blood vessels or a combination of these factors.

On physical examination the heart sounds are usually not so loud and distinct as normal and there is liable to be reduplication of one or both sounds. There is liable to be a bruit, most common in the pulmonic area; it is liable to be present at one examination and absent at the next; it is usually not transmitted and is unassociated with cardiac hypertrophy thus differentiating it from a valvulitic murmur.

The outlook in this condition is usually good; those due to an inherent weakness of the organism are less amenable to treatment that those with an ascertainable etiology.

PSEUDO-ANGINA PECTORIS AND CARDIAC PAIN.

There are all degrees of spurious angina, from a slight precordial pain to an intense seizure almost as severe as the true stenocardia. Different writers will give a long list of etiological factors, but as a matter of fact we know very little about the essential cause of the various types of cardiac pain and pseudo-angina; it is probable that a congenitally unstable nervous system is a prerequisite for the severe forms of pseudo-angina, and that anemia, debility, reflex disturbances, and toxic influences are simply precipitating causes. All the authorities whom I consulted, quoted the following differential table between true and spurious angina:

True angina.

(1). Most common between the ages of 40 and 50 years.
(2). Most common in men. Attacks brought on by exertion.
(3). Attacks rarely periodical or nocturnal.
(4). Not associated with other symptoms.
(5). Vaso-motor form rare; agonizing pain and sensation of compression by a vice.
(6). Pain of short duration, attitude, silence, immobility.
(7). Lesions: coronary arterio-sclerosis.
(8). Prognosis grave, often fatal.
(9). Arterial medication.

PSEUDO-ANGINA.

(1). At any age, even six years.
(2). Most common in women. Attacks spontanenous.
(3). Often periodical and nocturnal.
(4). Associated with nervous symptoms.
(5). Vaso-motor form common. Pain less severe; sensation of distention.
(6). Pain lasts one or two hours, agitation and activity.
(7). Neuralgia of nerves and cardio-plexus.
(8). Never fatal.
(9). Anti-neuralgic medication.

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Therapeutic Consideration.

On account of the length of my paper, I shall not consider the treatment of the cardiac neuroses in detail, but shall outline the therapeutic indications, leaving the details to be taken up during the discussion. In treating the cardiac neuroses we must ever keep in mind that they are not pathologic entities, but merely symptoms of some underlying causative condition or conditions. If we keep this fundamental principle in mind and use all our diagnostic resources to find the cause of the cardiac disturbance, we may expect a fair degree of success in handling these distressing conditions. We should correct any hygienic or dietetic error. If there is constipation it should be corrected by diet, exercise and judicious administration of laxatives. I prefer Fluid Extract of Cascara, diminishing the dose gradually till able to discontinue it entirely. If anemia is present a course of iron, with or without arsenic, strychnine, quinine, and the hypophosphites, according to indications, will be beneficial. Any disturbance of the digestive or reproductive apparatus, or of any other part of the body should receive its appropriate treatment. If due to excessive use of tea, coffee, alcohol, or tobacco they must be decreased or preferably discontinued in bad cases. In cases of palpitation, sexual excitement is especially pernicious. As a temporary measure in palpitation, I have found the following formula of Hare's very useful:

℞

Tinct. Aconiti	8.00cc.
Tinct. Digitalis	5.00cc.
Tinct. Belladonnae	6.00cc.
Tinct. Gentianae Comp. ad	100.00cc.

Misce.

Signa.—Teaspoonful in water every six hours.

For paroxysmal tachycardia it is best to have the patient lie down, then apply an ice bag to the precordium; often electricity will stop an attack, and should be tried, if only for its mental effect. For bradycardia, little can be done; in cases occurring after an exhausting disease, the indications are for tonic treatment and abstinence from overexertion. In treating pseudo-angina, we must pay particular attention to the general condition, treating any dyscrasia that may be discovered. Bromides and asafoetida often work well in reducing the hyper-excitability of the nervous system; sometimes electricity, especially the Franklinic form, seems to do good.

After all has been said, the fact remains that our energy should be expended in ascertaining the underlying causative factors, and removing them, if possible, and we should not treat the circulatory phenomena as though they were primary pathological and clinical entities.

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NEGLECTED CONDITIONS OF CHILDHOOD

By Dr. E. F. CONYNGHAM
Lewiston, Idaho

Read before the Idaho State Medical Society, October, 1906

Weak-foot, flat-foot, pes planus, or spurious valgus are all terms applied to the most frequent of the acquired deformities of the foot. It would be infinitely better to use the terms weak and flat-foot as describing the deformity in its first and second stages. Spurious valgus is not much used in the United States, but is in Great Britain. It is a misnomer, and should be discarded, as the trouble has no connection with valgus.

In the American issue of Gray's Anatomy, from the 11th English edition, the following statement is made: "The most simple and common deformity, and one that is rarely, if ever, congenital, is the talipes equinus." To this I cannot subscribe, as without difficulty in any city or town of importance case after case of flat-foot may be seen on any block, and not a single talipes equinus.

While flat-foot is essentially a disease of childhood and youth, reference must be made to adults. It is amongst the laboring classes that flat-foot prevails to the greatest extent. Cooks, waiters, bartenders and barbers appear especially liable, and amongst the Hebrews it appears almost as a racial characteristic. Tailors are exempt, their peculiar attitude being even curative for mild cases.

The deformity, in my belief, is becoming more common. Whether this is to be attributed to increased powers of observation or an increased number of alleged "Instructors of Physical Culture" causing children who from infancy have had weak feet, or an increased number of uninstructed Professors of Physical Culture causing the children to stand in improper attitudes, I cannot say.

To enter into a dissertation on the mechanics of flat-foot would be an act of supererogation. It has been already done so well by Royal Whitman and my friend Dr. John C. Shapps, of St. Mary's Hospital. Suffice it to say that the foot is supported by three points, the posterior portion of the os calcis, about two-thirds of the fifth metatarsal and the distal end of the first. When through physical weakness, or injury, a greater portion of the first metatarsal is opposed to the ground the arch becomes lower and great suffering, and even helplessness may obtain. It is often mistaken for and treated as rheumatism, while in the acute form, and in the adult is often so, mostly as a gonorrhoeal complication. It should, however, be remembered that rheumatism is a febrile condition, and in the child is accompanied with cardiac lesions, generally most evident where the carotids emerge above the clavicles and not to be confused with hemic murmurs. I have even known of it to be

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termed growing pains, but in the beginning it may be easily recognized, even before the foot takes on the slightest appearance of deformity, by the child complaining at night and being well in the morning.

Where the condition has lasted longer, so that some degree of deformity of the bones exists, the patient on rising will stagger and tumble about for some little time, until the bones resume the daily condition of dislocation to which they are gradually becoming accustomed. An inspection of the shoes, which should have been worn for some little time, will reveal that the inner edge of the sole is worn more than elsewhere, and that above the narrow, the soft leather is convex and not concave. The patient should then be made to walk, and the position assumed by the knees, ankles and soles and foot generally, noted carefully. This will not be the work of two or three minutes, but at least five times as long will be required to do so properly. The age must be taken into consideration. About 13 is the general time it makes its appearance, this being due to increase of weight or possibly occupation strain coming on a foot that through previous illness, injury, or bad position, has been weak. About this time is when the feet become painful. Weak feet are not necessarily painful, but as the arch gives way and deformity progresses, then pain begins. The feet are not painful because they are flat, but because they are becoming so. When this is stopped, either by some mechanical means or the removal of the causative factor, the pain ceases, and to this end must our energies be addressed.

The treatment of the majority of cases is beautifully simple and the result excellent. In fact, there are none that cannot be greatly improved, even the most severe of all, with anchylosis and intense rigidity.

In the acute cases, rest in bed for from two to four weeks, combined with massage twice daily, and constant instruction how to walk properly, namely with the foot pointing straight forward. Then daily exercises designed to increase the muscular action and power, raising on the balls of the great toes slowly, then bending the knees slightly and turning them out so the legs will form an oval and slowly recovering to the standing attitude is an excellent treatment.

In inflammatory cases three or four weeks in a cast is an excellent device if the foot is put up with the arch greatly increased.

After all tenderness has passed off, the Whitman's spring may be used. To get the best results from this device, a cast of the arch must be made and this sent to your instrument house. The makers generally keep a supply on hand, but it is not conducive to good results to use them.

At first they may cause discomfort, but after a time the patient will use them in house shoes for their sense of comfort. When the condition is chronic and but little pain exists, and where by manipulation the arch is readily restored, the same treatment should be carried out. Should genu valgum exist, this must be attended to first.

In the old chronic case, attended with much deformity and anchylosis, the bones and ligaments must be broken up with a wrench and then the parts replaced in the best position possible. I have found that a tenotomy on the peroneal tendons aids in gaining a good result.

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Medical Societies

Portland City and County Medical Society.

The City and County Medical Society met in the Auditorium of the Chamber of Commerce February 20th, and was called to order by President Yenney.

Minutes of the previous meeting were read and approved.

Members present: Drs. Louis Buck, J. H. Bristow, Mae Cardwell, F. H. Dammasch, Theo. Fessler, H. C. Fenton, J. P. Goray, C. E. Hill, C. S. Hosmer, Wm. House, W. B. Holden, A. H. Johnson, G. O. Jefferson, K. J. MacKenzie, Manion, M. B. Marcellus, Richard Nunn, J. B. Roth, S. H. Sheldon, A. W. Smith, Hamilton Weir, W. T. Williamson, W. L. Wood, and Robt. Yenney.

Visitors: Drs. Gold, Hyde and Jones.

Proposals for membership: Dr. N. W. Jones, graduate of Rush Medical College, June 21, 1901, 317 Failing building. Recommended by Drs. Robt. Yenney and A. W. Smith.

Election of members: Dr. F. B. Eaton, graduate of Cooper Medical College, recommended by Drs. J. F. Bell and J. J. Panton.

The paper of the evening was read by Dr. Richard Nunn, and appears elsewhere in this issue.

Discussion.

Dr. Goray was asked to open the discussion; said that this paper is a very important one, dealing with things in a practical manner; said when he graduated little was taught about the eye, other than a general idea, but nowadays men who graduate are taught enough to become specialists. Dr. Goray referred to a case that recently came under his notice. He said: The patient, after four weeks under her family physician's care, came to me; found she was almost blind from glaucoma; her physician was treating her for neuralgia of the head. The vision in this eye finally disappeared completely. I warned patient of the possibility of glaucoma starting in the other eye; told her to consult an eye specialist at once, if neuralgic pains happened on the other side of her head. I also wrote to her family physician, explaining the nature of the trouble and the treatment. Yet in one year from the first trouble an exactly similar train of symptoms set up again on the opposite side, and the same physician was pursuing his old treatment for supposed neuralgia, allowing the glaucomatous eye to be neglected, until finally, after ten days, the patient sent me word in time to perform an iredectomy.

Dr. Hicks Fenton thinks the paper covered the subject well, except for venereal diseases. Two-thirds of all eye trouble, he said, is due to gonorrhoea ophthalmia; thinks the general practitioner should consult a specialist at once, especially in all cases of syphilis. He called special attention to blindness on the Pacific Coast, and said he was opposed to the general practitioner entering the eye and ear field.

Dr. Dammasch thinks that the condition known as trachoma has been overlooked, and would like to hear Dr. Nunn discuss it.

Dr. Holden said he would like more light upon what is known as eye-strain. He thinks that four-fifths of glasses are ill-fitting and not properly adjusted.

Dr. Bristow said that most of the cases coming to him with eye trouble is due to strain, and who have been

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fitted by opticians; thinks that something should be done to make these men qualify for their duties.

Dr. Buck agrees with Dr. Nunn that the general practitioner should send some cases, but disagrees with Dr. Fenton about venereal cases, as he can treat all of these himself.

Dr. Weir said that one chief trouble is, that when a patient is sent to a specialist he generally becomes his patient, and is lost to the general practitioner; thinks that both can work in harmony, and that a report should be sent the physician sending the patient.

Dr. Wood said he wanted to take issue with the gentlemen who advocated the use of mydriatics in all cases; it is not safe, if the subjective and objective cases do not agree. Keep up the treatment until they do. Thinks oculist should do eye work, and even in the country towns a specialist can be found.

Dr. MacKenzie said he usually hands all his eye cases over to a specialist, but he desired to come to the defence of the general practitioner, and agrees with Dr. Nunn that he should be familiar with the use of the ophthalmoscope. Thinks it nothing short of criminal for the general practitioner to treat a case of ophthalmia neonatorum, and when he does he assumes a tremendous responsibility, as there are enough blind children in the world from neglect. Sixty per cent of the headaches he thinks due to errors in refraction.

Dr. Williamson said he understook nothing along this line, although the ophthalmoscope is of much interest to the neurologist, but that the field of medicine is a large one, with room for all. A good education is the safest basis for the general practitioner.

Dr. Nunn, in closing, said he agrees with Dr. Goray, that many cases came to the oculist too late; also with Dr. Fenton in reference to syphilis. Dr. Dammasch's case of trachoma, he said, that untreated cases of this disease are contagious, but that it was a rule of the German and Belgian Armies to take men whose sight is not effected. Answering Dr. Buck, he said the class of patients one generally treats is largely pertaining to one's own conscience.

Cases in Practice.

Dr. Jefferson exhibited a very rare case with the following history: Child was born February 1, 1907, with a tremendous swelling of both sides of the face and neck, which seemed to increase in size, so much so that the tongue was forcibly pressed aginst the roof of the mouth, and the child was unable to nurse the breast. The doctor said he would like to have it freely discussed, as he would like to find what it was.

Dr. Nunn suggested puncturing the swelling under the tongue to see if it contained fluid.

Dr. Mackenzie diagnosed it as a multilocular cyst, having its origin probably in the submaxillary glands. Thought it likely to continue rapid in development. Thought it best to wait a while and later remove by resection.

Dr. House reported a case of a young woman suffering from Petit Mal. Took lunch at his house, said she had taken a teaspoonful of camphorated oil by mistake. She soon had three violent epileptic fits from convulsions. Was pregnant. Examination of urine negative. Was it due to epilepsy or due to eclampsia?

Dr. Wood reported a case of a girl 22 years with suppurative ear trouble and mastoid involvement, sent to hospital, had la grippe: mastoid filled with pus, ropy in character. Urine contained large quantities of albu-

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men. Forty-eight hours after operation on mastoid, urine was free from albumen.

Dr. Bristow reported a case of a man, a chemist, some six weeks ago, with symptoms of la grippe; had earache and serious bloody discharge from his ear. Headache continued too severe to do any work. Gave him hypodermics of morphine, which gave no relief. Was called at 11 o'clock at night; patient had symptoms of meningitis; called a specialist, who opened the drum of the ear. The patient died at 6 o'clock the next evening.

Dr. MacKenzie reported a case of a man who had pleuro pneumonia, which cleared up, but the dyspnea increased, patient suffered a relapse, had a chill, aspirated chest wall twice, then did a thoractomy, when a lot of offensive air as well as pus escaped. Patient made an uneventful recovery.

Dr. Yenney reported a case of septic mastoiditis, with blood albumin and casts in the urine.

Motion to adjourn; carried.

ALAN WELCH SMITH,
Secretary.

Pierce County (Wash.) Medical Society.

The members of the Pierce County Medical Society were the guests of Dr. Sargentish, at his home, on March 5th. Refreshments and other accessories were served. The host made the occasion noteworthy through his genial hospitality.

Program.

"Cerebro Spinal Meningitis; Clinical Course, Diagnosis and Treatment," by Dr. Grant Hicks. Reports of cases of others. General discussion.

Dr. Hicks gave a summary of Prof. Holt's treatise on "Cerebro-Spinal Meningitis," and gave the results of his own experience in the treatment of these cases.

On March 19th, the society met at the Tacoma Hotel at 8 P. M.

Program: "The Hyoscine-Morphine Hypodermic Anaesthesia," bp Dr. C. E. Case. Reports of cases of others and general discussion. Refreshments.

Dr. Case: "Mr. President and Members of Pierce County Medical Society: I am well aware that this evening I am to address a body of men and women equal in intelligence to that of any society of physicians and surgeons to be found anywhere in this vast country. I had occasion to make a similar remark at a previous gathering of this society, when I said that I had been present in different cities in the Eastern states at medical meetings and that I had never listened to more forceful, entertaining and scientifically-presented and discussed papers than at this society's meetings. That being the case—and I challenge any successful refutation of the fact—then I trust that none present could for a moment entertain the belief that I would have the temerity to stand before this enlightened body and present anything for its consideration which in the remotest degree savored of charlatanry. I here and now, on the threshold of my humble exposition on this subject, make the unqualified avowal that I believe implicitly in the stand I take in this paper; for this reason, I trust that you will accord it the negative virtue, at least, of sincerity. I mean not to tax your patience or take up too much of your valuable time.

The subject offered for our consideration this evening is the new hypodermic anaesthetic, consisting of: Hyoscine hydrobromide gr. 1-100, morphine hydrobromide (or sulphide) gr. ¼, and Cactina grandifloora gr. 1-67; this combination, as to dose, subject to change to suit the age of the patient or magnitude of the operation

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or the indication for its various uses. It has been used successfully in patients from 10 years up to 82 years of age. It also has been used in one case of amputation of both of the lower limbs, with the addition of 60 gtts of chloroform by inhalation.

The dominant action of Hyoscine is on the cerebral cortex; it is also a centric depressant of respiration and depresses the whole motor cord. Its influence on the circulation is only slight. (Woods' Therapeutics, page 188). In large doses. it is a vascular and heart depressant and respiratory paralizant.

Cactin increases the energy of the cardiac contractions, heightens the arterial tension, and has a direct stimulating acton on the motor centres of the cord. (Shoemaker's Therapeutics, page 383.) Myers (Potter's Therapeutics, page 226) has physiologically studied Cacti Cactin, and found it possessed very decided stimulating action upon the heart, the arterial tension and the spinal motor centres, Cactin is therapeutically antagonistic in its action to all undesirable action of Hyoscine (or Scopolomine), particularly on the motor centres in the cord.

Commercial scopalomine hydrobromide may differ in its physiological action, as well as on the heart and vascular system, owing to the variable quantity of atrocine present; this may also offer an explanation of any difference that may be observed between the action of scopalomine hydrobromide, and hyoscine hydrobromide.

A number of years ago was very much imbued with the idea that, in order to fit myself to become a good abdominal surgeon, it would be an excellent thing to perform intestinal resections and other abdominal operation work, upon dogs for gunshot and stab wounds. The inspiration to do this work was given me through the publications of the pioneer work in this line of the eminent Chas T. Parks, of Rush Medical College, as well as those of Senn, Wyman, the elder Cornell, Harvey, Reed, Lanphear, Curtis, Dawborn, Matas, Halstead and others. To the prosecution of this work I devoted much time and, while so engaged, I received a very flattering letter from Dr. Emory Lanphear, urging me to be present at the then approaching meeting of the American Medical Association and join his forces in opposition to, and in refutation of, the claims made by the illustrious Nicholas Senn, that the so-called hydrogen-gas test was an infallible diagnostic expedient for determining intestinal penetration in gunshot wounds of the abdomen. At that time, not being a member of the American Medical Association, it was not my privilege to add my mite to his indisputable contention, a concensus of opinion of that convention being to the effect that the dogma was fallacious, a conclusion which subsequent experience has verified.

Lanphear's letter excited in me a burning desire to acquaint myself with his writings and teachings, which resulted in creating in me a considerable degree of admiration for that gentleman's surgical ability. It may not, therefore, seem strange to you if I admit that recently, upon receiving a letter from him requesting me to try the Hyoscine-morphine-cactine compound method of anaesthesia, that I immediately embraced the opportunity and wrote to Dr. Abbott of Chicago for samples of this same compound and, upon their arrival, commenced their use in my surgical work.

In private practice we have the best chance to test the value of this method of anaesthesia, particularly if the nurse be in sympathy with the method.

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Prepare the patient as usual for an operation under any other kind of anaesthesia. If the operation is to be at 10 A. M., instruct the nurse to give one hypodermic tablet of the mixture at 9 A. M., and that only herself and yourself are permitted to enter the patient's room until three-quarters of an hour have elapsed, when the patient may be placed on the operating table and the second dose administered. Avoid all and every kind of noise. Do not permit the rattling of dishes, instruments, or any conversation. If a hysterectomy, or amputation, or an appendectomy, or any other major surgical operation is to be performed, the second dose may be given an hour and an half after the first dose, and in a half hour or hour thereafter, and the patient be put on the operating table and the third dose may be given any time after that, if it be required.

There will be patients—more often females than males, as they require less of the mixture—so affected by a single dose as to make it a small matter, and even of no consequence, as to whether silence is observed or not; but I believe it a better practice to speak in an undertone to the assistants and nurses, or, better still, to point to the object you desire to have handed you while operating.

Those of you who have not used this mixture will be wonderfully and agreeably surprised in your first successful experience with it to see how marvelously well it acts. If the sleep be so profound as to produce stertor or I should say cause the patient to snore, and through your lack of experience with it, you should become alarmed, you have only to turn him on his side and, if the snoring does not cease, to speak loudly and sternly to him, or to shake him, and he will immediately cease snoring, open his eyes, and ask you what you want of him and immediately fall to sleep again. In cyanosis you would, of course, use the same procedure.

Just as the inexperienced anaesthetist is constantly yelling at your patient, or pulling out his tongue, or gouging his lips and gums in unsuccessful attempts so to do just at the moment when your patient is in the best condition for proceeding with the operation, so would we naturally expect one unfamiliar with this anaesthetic and naturally cowardly to do when the patient is in the best condition possible for the continuance of his operation. Do not get frightened unless his condition becomes extremely alarming—which has not yet been the unfortunate experience of any one with this mixture.

Do not glean from these remarks that I am claiming absolute immunity from danger with this anaesthetic. Some surgeons consider that a death-rate of one in sixteen thousand administrations of the volatile anaesthetic ether is of little consequence, yet we know that it is just of that much consequence that one in 16,000 die and no one knows to whose lot that unfortunate patient may fall. This statement can be even more emphatically made for chloroform, which has a much greater rate of mortality. Deaths may follow this anaesthetic mixture. It has been used thousands of times already by physicians, surgeons and obstetricians without a single death, but deaths may yet be reported from its use. When the causes of these deaths are analyzed, it will then probably be found to be due to improper selection of cases, i. e., to contradictory conditions in the patient. Lanphear and Abbott, to whom the credit is ascribed for introducing this anaesthetic, say it should not be used in the presence of severe heart-lesions, nor given to those who are in the advanced stages of nephritis, nor in

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atheromatous patients. Other contra-indications, in the near future, may be found, when its use is more frequently resorted to than now. Indeed, at first Lanphear advised against its use in extreme age or in the very young.

If scopalomine-morphine anaesthesia produces death frequently, and not a single death has yet been attributed to hyocine-morphine-cactin compound, I feel that I can afford to pin my faith to the latter. The splitting of hairs over whether it produces analgesia or narcosis cuts little figure so long as the patient is freed from pain and safety assured.

Hyoscine, freed from its deleterious ingredient, or ingredients, must in some way counteract the large dose of morphine that is frequently given with it. The cactin acts as a heart-stimulant. In those cases where the respiration has been reduced below eight or nine per minute—I have no. met with such an experience—simply turning the patient on his side or shaking hm causes increased respiration, it is said.

Let us forget the personnel of the controversy and direct our attention to the merits of this new anaesthetic and compare its freedom from danger with the extremely dangerous anaesthetic, scopalomine-morphine. Do not let us argue that because cactin has no effect upon respiration that it has no efficacy in this combination. If scopalomine or hyoscine—freed from atrocine contrabalances any evils of overdosage, or lethal result, of morphine, let us accept it as claimed until we find out otherwise. Certainly scopalomine, which is said to contain this alkaloid, kills and hyoscine does not—which will you choose? Or would you rather truckle to theorists and deny your patients the advantage of this marvelous expedient? I ask you to try it in all fairness, putting aside your prejudice towards it until you have tried it.

Record of Cases.

At the outset I must confess that the few cases that I recite are not complete in their history. They were operated on previously to the request made by your program committee to me for a paper upon this subject. Had I known that I was to present them I should have observed more cautiously and painstakingly the conditions of the patient previous to the operation.

Case 1. Minor operation in the "Old Town" Emergency Hospital with the assistance of Dr. Sargentovitch, on a man aged 40 years. I followed Lanphear's directions to the letter. The patient experienced no pain, no nausea, and he slept for several hours after the operation with no remembrance of occurrence.

Case 2. Woman, aged 35 years; operation performed at the St. Joseph's Hospital for intestinal fistulae. Time of operation, one and one-half hours. No pain, no nausea, and the patient slept for 12 hours. Dr. Douglas assisted.

Case 3. Operation on man 35 years old, at "Old Town" Emergency Hospital, for inguinal bubonocele. Not a success. Patient complained of pain during operation. Not sufficient time allowed between administration of mixture and the operation. Assistant, Dr. Sargentish.

Case 4. Man, 38 years old. Operation performed at the Fanny Paddock Hospital, for radical cure of hydrocele and for necrosis of fibulea. Perfect result, no pain, no nausea, and the patient slept for ten hours after the operation. Assistant, Dr. W. M. Karshner.

Case 5. Woman, aged 35 years. Operation for vaginal hysterectomy in a case of dumb-bell uterine fibroids. Chloroform had to be administered in this case. Assistant, Dr. Wm. Doug-

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las. This was a very nervous patient. Possibly an additional dose of the mixture and a longer wait for its effect to manifest itself would have made the volatile anaesthetic unnecessary.

Case 6. Woman; operation for curretage and trachelorraphy. Operation done at the patient's home. No pain, no nausea, and the patient slept for hours afterwards. Assistant, Dr. Douglas and Miss Connor, the nurse in attendance. The patient was removed from her bed unconscious, taken to the operatng room, improvised for the occasion, operated upon, and returned to her bed, still unconscious, and she remained in this sleeping condition for several hours after the operation.

Permit me to anticipate a question which will probably be put to me: "Why have you used this mixture so seldom in your surgical work, since you commenced to use it?" My answer to the query is that more of my surgical work is done at the hospitals than at the residences of my patients. Outside operations can be more successfully performed with this mixture than in hospitals for the present, at least, until all prejudice is overcome and every one in attendance observe the requisite amount of quietude. I believe that after the lapse of a little time we will be able to obtain equally as perfect anaesthesia with this mixture in our hospital work as outside.

Dr. C. H. Kinnear opened the discussion by giving a brief review of his own experience with this mixture in a few cases.

Case 1. Mrs. S. H., 20 years old. Primipara. First stage of labor 36 hours; rigid os; pain in back unbearable. Hypodermic of Hyoscine-Morphine, followed by instant relief of back, gradual dilatation of os and progressive second stage. Respiration reduced from 18 to 15, pulse from 84 to 72. There was a curious mental confusion, but no consciousness of pain; uterine contractions were strong and regular. After two hours os fully dilated, head advancing very slowly; chloroformed and free delivery; slept soundly four hours; no hemorrhage.

Case 2. Mrs. B. P., aged 21; primipara, attended by midwife. Infant four weeks old. Abscess of breast; temperature 103 degree. Hyoscine-Morphine mixture. After an hour made free incision of breast and evacuated a large quantity of pus. Dressed wound with gauze, drainage and sterile dressing applied and kept moist with hot boric acid solution. No pain and slept for three hours. No mental confusion. Respiration and pulse not markedly slower.

Case 3. Mrs. G. B., aged 26. Incomplete abortion two weeks previously. When first seen pulseless and cyanotic from taking headache wafers to relieve head and loss of blood. Gave strychnine until pulse was restored. Following day temperature was 104 degrees from septic decidua. Hyoscine-Morphine; currettment of uterus, packing with iodoform gauze. Patient suffered slight pain and slept little; also she was somewhat confused. Pulse irregular and respiration fell from 20 to 16. Antistreptococcus serum administered and recovery in one week.

Mrs. L. D., aged 56. On account of cardiac dilatation and anaemia, chloroform was not advisable for the extraction of teeth. Hyoscine-Morphine was administered. Patient drowsy and slept some two hours when the hypodermic of this mixture was repeated. In 15 minutes there was profound insensibility, stertorous breathing, 12 per minute. Pulse regular and reduced from 96 to 60. She was not aware that her teeth were extracted, and she was aroused to expectorate the accumulation of blood

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and mucous when necessary. After two hours, deep sleep in state of active mental confusion, lasting for three hours. Patient was given castor oil in coffee; vomiting followed a few times; bowels moved with saline and the patient was well the next day.

Dr. Wm. Douglas said that he had used it satisfactorily in his obstetrical practice.

Dr. Sargentish has used it with much satisfaction in cases of minor surgery at the Emergency Hospital.

Art of Pleasing Applied to the Practice of Medicine.

In this day of competition, where energy is constantly at a high state of tension, to succeed in the practice of medicine, art of pleasing is one of the requirements, and surely is a valuable asset to the physican who is talented in that line.

A man is not agreeable because he sets out to be; quite the reverse. In effort there is failure. The proper effort must, like repartee, be spontaneous and unpremeditated. It must be radiated naturally, like light and love. There are writers that try to tell how it is done. They are failures.

The art of pleasing makes friends. There is nothing in the world like true friendship. Love may fade, kisses once sweet grow bitter, the illusions along with the blooms of the early morn die before noonday, fortunes may melt like the snow; but the foundation of human happiness lies beneath that mutual and reciprocal relation between man and man which binds affection to respect, faith to interest, and becomes the electrode of the mind and heart. We need no philosopher to tell us that the art of pleasing makes friendship that augments our felicity and abates our grief by concentrating the one and diluting the other.

The young man contemplating the study of medicine and hoping to succeed must be possessed with the natural ability (known as individuality) to please and make friends. This art is not learned in the college hall, but is a gift that is handed down from our ancestors. The young man that has been endowed with this essential asset, the true moral worth that goes in the make-up of a gentleman and with the requisite literary and medical education, has the prime factors in the successful practice of medicine.—A. P. Hauss, M. D., New Albany, Ind.

A diagnosis of supraorbital neuralgia should not be made until frontal sinusitis has been carefully excluded. —American Journal of Surgery.

Do not treat localized subcutaneous red and tender swellings as infections without first making sure that they are not evidences of gout.—American Journal of Surgery.

In all glandular affections of the neck it is quite as important to treat the source of infection, e. g., carious teeth, as to treat the inflamed glands. —American Journal of Surgery.

It is doubtful whether the classical operations for ingrown toe-nail cure permanently in even a fair percentage of cases. Conservative treatment will usually accomplish as much, even in the presence of granulating masses. This treatment includes drawing the flesh away from the nail with a strip of adhesive plaster, insertion of gauze packing under the nail edge and the application of an absorbent antiseptic dressing.—American Journal of Surgery.

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Book Reviews

Practical Dietetics, With Reference to Diet in Disease. By Alida Frances Pattee, Graduate Boston Normal School of Household Arts; Late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City; Special Lecturer at Bellevue, Mount Sinai, Hahnemann, and the Flower Hospital Training Schools for Nurses, New York City; St. Vincent de Paul Hospital, Brockville, Ontario, Canada. Fourth edition. 12mo, cloth. 300 pages. A. F. Pattee, Publisher, 52 West Thirty-ninth street, New York.

This valuable work has met with striking success. The author's experience has especially fitted her for its preparation, and she has produced a book eminently practical as well as scientific. The dietetic treatment of disease is given with simplicity, brevity and exactness. It is of value to the trained nurse and the physician who should use the powerful aid of a proper diet in the care of patients. The former editions are found in all the hospitals of the United States Army—a fact which testifies to its recognized value.

Essentials of Obstetrics. By Charles Jewett, M. D., Professor of Obstetrics and Gynecology in the Long Island College Hospital, Brooklyn, N. Y. Third edition, thoroughly revised. 12mo, 413 pages, with 80 engravings and 5 colored plates. Cloth, $2.25, net. Lea Brothers & Co., Philadelphia and New York, 1907.

This edition is a complete revision, much of it having been entirely rewritten. The object of the author is to place the essential facts and principles of obstetrics within easy grasp of the student. This compact volume is intended as an introduction to the more elaborate treatises, and as a guide in following the didactic and practical teaching of college courses. It is serviceable to the practitioner who would refresh his recollection, or post himself to date.

International Clinics. A Quarterly of Illustrated Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, etc. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Vol. IV. 1906. Philadelphia and London: J. B. Lippincott Co.

The subjects dealt with in this issue of International Clinics are found under the heads of Treatment, Medicine, Surgery, Obstetrics and Gynecology and Otology. There is a long list of most able contributors to this volume, giving the latest and most authoritative suggestions along the line of the subjects they treat.

Plaster of Paris and How to Use It. By Martin W. Ware, M. D., Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor in Surgery, N. Y. Post-Graduate Medical School. 12mo. 72 Illustrations. About 100 pages. Surgery Pub. Co., William street, New York City. Cloth, $1.00.

This is an exceedingly practical little work, filling a demand that has often been expressed. The whole subject, from the making of the bandage to its use as a support in every form of splint, corset or dressing, is graphically described and illustrated. The use of plaster of Paris in dental surgery is also covered. The book is mechanically perfect—a characteristic of the productions of the Surgery Publishing Company.

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American Practice of Surgery. A Complete System by Representative Surgeons of the United States and Canada. Joseph Decatur Bryant, M. D., Albert Henry Buck, M. D., Editors. Complete in Eight Royal Octavo Volumes. Profusely illustrated. Vol. 2. William Wood and Company, New York, 1907.

The second volume of this monumental work is just published, and it is mild praise to say that it fully comes up to the promises of the publishers in their prospectus, and in their first volume. American Surgery has undoubtedly made for itself enough of a place in the world's work to entitle it to such representation as it is finding in these volumes as they issue from the press. The illustrations are all that can be asked for, and they will certainly prove of the greatest possible assistance to elucidate the meaning of the authors of the various articles.

The present volume contains, among other articles, those on Leprosy, Plague, Glanders, Anthrax, Actinomycosis, Mycetoma, Rhinopharyngitis Mutilans and Scurvy, with special reference to diagnosis and surgical treatment, general survey of tuberculosis and syphilis from a surgical standpoint; surgical diseases of various widely distributed structures of the body; surgical diseases caused by intense heat and intense cold, and by the electrical current; simple and complicated wounds, including gunshot wounds. The contributors are among the best qualified specialists to handle the subjects entrusted to them.

There are nearly 800 pages in this volume, and it is striking in the sumptuousness and excellence of the paper and printing. The volumes will certainly be a magnificent addition to the library of the surgeon and general practitioner who desires to have within easy reach the best knowledge and thought of his ablest contemporaries on operations that are constantly being called for.

Diseases of the Lungs, Designed to Be a Practical Presentation of the Subject for the Use of Students and Practitioners of Medicine. By Robert H. Babcock, A. M., M. D., Author of Diseases of the Heart and Arterial System. With 12 Colored Plates and 104 Text Illustrations. First edition. New York and London: D. Appleton & Co. 1907. Price, $6.00.

This work is a companion volume to that upon Diseases of the Heart, published a short time ago. Dr. Babcock has in this work given many records of interesting cases which will be of great interest and very helpful in diagnosis for the general practitioner. Differential diagnosis and treatment are given the attention which their importance demands. The eminent position of the author, who until recently was professor of clinical medicine and diseases of the chest at the medical department of the Illinois State University, entitles his book to the most careful consideration. It is very exhaustive of the subject, and the treatment recommended is the most modern, and the kind that experience in this country and in Europe has determined without hesitation as being the best. In compact form, the latest information and the results of the best scientific research relating to the subject contained in the title will be found. Conservative, exhaustive and decided, the work will be welcomed by the profession.

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Extracts

Treatment of Tuberculosis in the State of Washington.

By Herbert M. Greene, M. D., La Crosse, Wash.

Reprinted from Northwest Medicine.

(Read before the Washington State Medical Association, Spokane, Wash., Sept. 11-13, 1906.)

For the treatment of tuberculosis in the state of Washington, there is one essential lacking, namely, sanatoria. Every case requires direct supervision. This cannot be obtained elsewhere in a majority of cases. There is no specific climate. Reports from all over the United States show that some incipient cases die, and that same moderately advanced cases get well in all sanatoria, so our state stands a show with the rest to accomplish as good results treating tuberculosis, if we give the matter attention and start out in the proper way.

For consideration, we may divide the treatment into dietetic, drug, climatic and hygiene. Dietetic treatment can be dismissed with a few words, it being considered a settled point, as all authorities fully agree, that tuberculosis is an expression of nitrogen or proteid starrvation, and that fats and proteids should make up the diet principally. This part of the treatment is applicable to all classes of cases, and in fact is necessary.

The drug treatment. Hare, in his text-book on "Practice of Medicine," says: "Employ drugs to control or modify symptoms which are severe enough to demand attention, but he who tries to cure pulmonary tuberculosis by drugs does not know the morbid anatomy of the malady."

The third consideration is climate. In this the writer will try to place the climatic treatment of tuberculosis on a scientific basis, as it appears today that all classes of case are being treated in all kinds of climates, irrespective of the condition of the patient and of his nativity. There are several great classes of mankind, and each class thrives better in the surroundings to which he and his ancestors have adapted themselves by survival of the fittest, for perhaps hundreds of centuries past. Dr. Cornet, of Berlin, an authority of world-wide reputation, says: "Tuberculosis occurs in the warmth of the South and on the arid plains, where the sun's rays are the most penetrating, as well as in the cooler North, where the cloudy days are the greatest in number. Recoveries are also seen in all climates." But Dr. Nicholas Senn, on his return from his recent trip to Africa, says that tuberculosis and cancer are almost unknown amongst the negroes in their savage state.

Climate is the combined effect of light, heat, moisture, and elevation, of which light in my opinion plays a great part in the initial cause of a great number of cases of tuberculosis, as well as the cure of a still greater number of a certain class of cases. All these have been treated with equal results in the cloudy as in the sunny climate, with the same results in the cold as in the warm climate.

To what can you attribute the fact that a great percentage of tubercular patients of the United States are Irish and Norwegians, as the percentage of tuberculosis in their native countries is not so great in proportion? Why, when slavery was intro-

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duced into the New England states, did it become a losing proposition on account of tuberculosis and other diseases, as the negro in his wild state is comparatively free from tuberculosis and cancer? Why, after repeated attempts, cannot the English colonize the islands of the sea with white men? Why is the skin of the Hottentot black, and why is the skin of the Norwegian white?

The answers to these questions have a scientific relation to each other. Can we not account for these phenomena by the effect of light on the living cell? Upon light depends the existence of every living cell, both animal and vegetable. It has to do with chemical reactions to an extent that, with certain compounds, it produces violent explosions. Cleaves has demonstrated by experiments that the oxygen carrying capacity of the red blood cell is increased by light, which would, therefore, influence the oxidative process of the organism and show an increased exhalation of carbon dioxide. In the torrid zone the sun's rays are vertical, making the short rays concentrated enough to destroy cells of animal life if they are not protected by some intervening substance, so the Hottentot has black pigment in his skin and a thick curly mat of black hair. In the North the Norwegian has the benefit of cloudy days, deep ravines, plenty of shade and slanting sun's rays. The short rays of light are penetrating to semi-opaque and opaque substances, to a certain extent, and are bacteriacidal. Any living cell exposed to these short rays will react from the effect produced, which will be in direct ratio to the amount of protection and the length of time exposed to a certain light of a given strength, the cells of the human organism being as readily affected as any cells of the animal or vegetable kingdom.

It is as necessary for man to have a certain amount of light as it is for him to have a certain amount of water, but when continually immersed in a strong light, without any protection, he will as surely die as if immersed in water. The one produces as effective a destruction as the other. The effect of the short rays of light from the sun, passing through that part of the human organism covering a tubercular process, will not in any way affect the tubercle bacillus, for the effect must come by stimulating the organism itself. Exposure to the short rays of light up to a certain degree acts as a stimulant but, when we get too much, there is an overstimulation which consequently results in an impairment or death of the cell or organism. Ants expose their eggs to the direct rays of the sun for a short time to stimulate them to activity, but carry them away to the dark again before damage is done to them.

It is possible to have a proteid starvation without the bacillus of Koch, so in every instance they are not the factors accountable for this condition. This being a fact, is it not most likely that we have the infection of the tubercle bacillus into an under- or over-stimulated light metabolism, where the leucocytes can make no defence, on account of no supports from underfed and partially injured connective tissue formation. If we should have a blonde, residing in the glaring sun of Sooutheastern Washington, who is infected with tuberculosis, it would not be the proper climatic treatment for this individual to send him to the still more glaring sun of Arizona or New Mexico, but to some well-regulated sanatorium on

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the coast, where the cloudy days are a potent protector and his treatment will have the direct supervision of physician and nurse; as the results of the treatment do not depend upon getting better air or drugs, but upon the establishment of regular habits, exercise when needed, rest when it is essential, and the proper diet at the proper time,—all of which, if left to the patient, will be sadly neglected.

Dr. Pierce, of Portland, who is making a success of the treatment of tuberculosis in Oregon, says: "Each patient requires individual attention. The patient with the rapid pulse, with the undersized heart and cyanotic appearance upon exercise and persistent rise of temperature, requires as perfect quiet as possible and should not be allowed to take exercise without due watchfulness." All other cases require as strict attention to insure the best results.

A brunette with tuberculosis, in a cloudy climate, should be sent to a place where he may obtain plenty of light and the same general supervision of treatment as mentioned before.

Another class of individuals which has come under my observation as suffering from proteid starvation and tuberculosis as well is that class whose diet consists principally of potatoes, bread, rice, and oatmeal. These individuals may look fairly well-nourished but have small power of resistaance and are especially prone to tuberculosis. Tuberculosis is very common in the tropics and can be accounted for by the inhabitants eating a great amount of starch, as rice and other starchy foods.

The cure for these conditions is education along hygienic lines. Have the children taught in the public schools ; have lectures given in churches and all institutions of learning. The Whitman County Medical Society is taking a step in advance, by passing a resolution that its members hold themselves ready to deliver lectures on preventitive medicine free of charge in the public schools in the district where the doctor resides.

We physicians of Whitman county think we can have better success and find it a great deal more agreeable to practice in an educated family than in one where ignorance rules supreme. There can undoubtedly be a great deal accomplished in this way. It will not only help the doctor, but will enlighten the community and save for the state its best citizens. We intend to teach our people how to prevent tuberculosis but, notwithstanding that fact, we would like to see a sanatorium established in the state of Washington for the treatment of tuberculosis as well. We owe it to our country and ourselves.

Washington is as prosperous as any state in the union, so she cannot give this as a reason for not acting. We have plenty of good wholesome food, abundance of pure water, an endless supply of fresh air and sunshine, so it appears that all we lack is someone to agitate the matter. Statistics prove that it is cheaper to cure a consumptive than it is to take care of him until he dies, and not only that but consumption takes man in his most active stage of life. It takes men of every profession and trade, fathers, mothers, and children, as well as the professional tramp ani hobo who seems to be less prone to this disease on account of his out-door life, despite his filth and insufficient food supply.

Consumption can be cured, and human life is precious. The consumptive to be cured must have the direct supervision of physician and nurse, and with tne majority of cases, this cannot be obtained outside of a sanatorium. There is no need to

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send our people to Arizona and subject them to the wearisome travel and expense, when we can as well cure them at home. Now is the time and here is the place. Why not let this convention be the birth of an institution for the care and treatment of tuberculosis. I, for one, will give of my time and means to see such an institution launched by this society.

Can we not bring this matter to the attention of some one who wants to do something for mankind? Our individual happiness depends upon making someone else happy, and recent investigations prove that we can offer hope and gladden the heart of consumptive mankind. The raving maniac and the subject of melancholia, each in his way, has touched a tender spot in the hearts of the people of the state and have received sympathy, medical care and supervision. Why should not the man suffering from tuberculosis receive like consideration, not only for what he has been and done for his state but also for what he may be and do in the future for his country. This should be a country, a state, and a national issue.

OBITUARY.

Dr. Frederick Schacht, of Burlington, died at the Providence hospital, Seattle, on the 1st ult., from Bright's disease. The doctor was but 31 years old, and enjoyed a large practice. He was taken ill several months ago, and removed to the hospital three days before his death.

Geo. W. Biggers.

The death is announced of Dr. George W. Biggers, of La Grande, who died on the 29th ult. at the home of his son, Dr. George L. Biggers. The Doctor came to Oregon in 1848. He was 71 years of age, and leaves a large number of friends all over the state.

A. C. Simonton.

The death occurred at Seattle on the 26th ult. of Dr. A. C. Simonton, who was for some time Northern Pacific physician at Roslyn, Wash. He was 65 years old. Dr. Simonton received his early education in Iowa, and moved to the Pacific coast eight years ago.

Dr. Allen C. Simonton was born in Wabash County, Indiana, November 18, 1841. Educated in public schools, and in Medicine and Surgery in Medical Department Northwestern University, Chicago Medical College; graduated in class of March 3, 1868, along with Nicholas Senn, W. C. Quine, McWilliams, Bridges, and others. Was Professor of Surgery in Iowa College of Physicians and Surgeons, Drake University, Des Moines, Iowa, 1880 to 1889. Was Professor of Anatomy and Physiology in Mitchell Seminary during the seventies. Practiced his profession constantly from date of graduation to June 23, 1904, at which time he was surgeon for the Northwestern Improvement Company in Washington, headquarters Roslyn, Wash. On the above date he was stricken with serious heart trouble, after which time his practice was very much limited. The Doctor was a member of medical associations all his professional life. Member of American Medical Association from 1884. A Mason, member of A. O. U. W., Des Moines, Iowa; member Miller Post G. A. R., Seattle, Wash. Died March 26, 1907, in Seattle, Wash., aged 65 years.

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Personal

Oregon.

Dr. F. A. Lieuallen, of Helix, has moved to Huntington.

Dr. J. D. Kelly, late of Philadelphia, has located at Firland.

Dr. De Witt A. Paine has fitted up new offices at Eugene.

Dr. M. F. Shaw, of Hood River, was in Baker City last month.

Dr. C. M. Pearce, of Sumpter, was in Baker City last month.

Dr. A. E. Tamasie, of Salem, was a recent visitor in Pendleton.

Dr. Lulu Marquam, of Eugene, was a Portland visitor in March.

Dr. Philip John Bartle, of Eugene, has bought a new residence.

Dr. Thos. A. Long, of Madras, was a visitor at Heisler last month.

Dr. Otis D. Butler, of Independence, has just purchased a new automobile.

Dr. Robt. A. Jayne and wife, of Springfield, were Eugene visitors last month.

Dr. Elmer V. Hoover, of Roseburg, was called to Olalla last month to see a patient.

Dr. M. K. Hall, of La Grande, was on the sick list last month, with the typhoid fever.

Dr. W. J. May, of Baker City, was operated on for appendicitis in Portland last month.

Dr. Boyd M. Richardson, of Marshfield, paid Gardiner a professional visit last month.

Dr. Belle C. Ferguson and daughter, of The Dalles, were visiting last month in Pendleton.

Dr. F. R. Dorn, of Echo, was a recent visitor at Boise, Idaho, where his brother was very ill.

Dr. John W. Norris, of Oregon City, had a narrow escape from disaster in a runaway last month.

Dr. Waldo L. Cheshire, of Eugene, was a caller at the northern part of his county last month.

Dr. O. P. Low, of Arlington, was in Portland last month on account of his wife's serious illness here.

Dr. M. F. Shaw, of Hood River, has just purchased some improved real estate, which he will rent.

Dr. Ziegler has been elected City Physician of Portland, in place of Dr. W. V. Spencer, who resigned.

Dr. and Mrs. Edward O. Parker, of Pilot Rock, have returned from an extended visit in Western Oregon.

Dr. and Mrs. E. A. Sommer have returned to Oregon City, after an absence in Europe of more than a year.

Dr. Jas. T. McCormac and wife, of Marshfield, thoroughly enjoyed their two months' visit in the south and east.

Dr. P. J. Wiley, of Portland, looked after the practice of Dr. King, of Antelope, for six weeks in February and March.

Dr. Ira Bartle, of Eugene, has had a fine new gasoline launch built for himself, for use the coming season. It is called the "Imp."

Dr. W. H. Davis, of Albany, went to Washington to testify in a federal case, and he was compelled to stay much longer than he liked.

Dr. Roy C. McDaniel, of Baker City, is taking a post-graduate course in Philadelphia. When he returns, he will bring a bride with him.

Dr. S. D. Briggs, of Arleta, came near having a disastrous fire at his

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residence last month. Fortunately, the fire department was efficient.

Dr. H. T. Hoople has returned to his home at Vale, after a fine trip to New York and other Eastern points. He was absent from home over six months.

Dr. Arthur D. Bevan, of Chicago, was in Portland last month, on a visit to the Pacific coast medical colleges on behalf of the American Medical Association.

Some of the Portland doctors have been changing their offices lately from one building to another. Dr. Rand from the Dekum to the new Swetland building; Dr. L. H. Hamilton from the Dekum to the Buchanan Building; Dr. S. C. Slocum from the Lafayette to the Swetland.

Dr. E. Van Zandt has just returned from a six months' post-graduate course in New York city. While the Doctor was studying along some special lines, he took a general course covering the entire subject of medicine, and is back on the coast, glad to be once more with his friends.

Dr. C. J. Smith, of Pendleton, having returned from his legislative labors, found a report afloat that he was thinking of leaving that prosperous city. He speedily set that rumor at rest by saying that he would as soon think of moving to Africa as to go anywhere else but Pendleton. At the same time he is contemplating a trip to Europe for purposes of rest and study.

Washington.

Dr. E. P. Heliker has removed from Carbonado to Ballard.

Dr. P. C. West, of Bickelton, visited in Portland last month.

Dr. Wilson Grewell is enlarging his hospital at South Bend.

Dr. F. H. Luce, of Davenport, was a Spokane visitor last month.

Dr. J. A. Smith, of Enumclaw, was in Seattle early in March.

Dr. Robbins, of Bickleton, was a Sunnyside visitor last month.

Dr. J. H. Bartley, of Zillah, was a North Yakima caller last month.

Dr. Jos. P. Gallagher, of Connell, was on the sick list last month.

Dr. A. Brockman, of Bickleton, came with a patient to Portland last month.

Dr. and Mrs. John M. Sheets, of Buckley, were in Olympia early last month.

Dr. R. E. L. Steiner, of Lakeview, has gone for a short vacation to San Francisco.

Dr. Geo. E. Chamberlain, of Aberdeen, recently spent two weeks at Hot Springs, B. C.

Dr. H. J. Whitney, of Davenport, had four patients to Spokane last months for capital operations.

Dr. C. H. Carlisle is a new physician in Newport. He recently moved there from Nez Perce County, Idaho.

Dr. W. M. Karshner, of Puyallup, was a visitor at the legslature, looking for some appropriations for his district.

Dr. W. Van Der Volgen has removed from Buckley, and has joined forces with Dr. Hiram H. Rust at Enumclaw.

Dr. G. M. Gould, of Rockford, was a Davenport visitor last month. He is reported to be thinking of changing his location.

Dr. T. H. Holmes, of Bremerton, has gone on a trip to Alaska. Mrs. Holmes is spending the time in Seattle till his return.

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Dr. C. W. Mercereau, of Port Townsend, has made special examination of the cases of trachoma that have developed at Quilcene.

Dr. G. A. Calhoun, of Seattle, was a recent visitor to Port Townsend, where he formerly lived and had charge of the U. S. Marine hospital.

Dr. R. P. Moore, of Davenport, made a trip to his ranch in the Kennewick country last month to oversee the planting of several hundred fruit trees.

Dr. G. W. Overmeyer, of South Bend, was in Portland on business lately, connected with the establishment of a large hospital at Raymond, Wash..

Dr. Rush Banks, of Centralia, was called East last month by the illness of his father. During his absence his practice was looked after by Dr. F. K. Walsh.

Dr. Sarah J. Dean, of Seattle, was seriously injured last month by her carriage being struck by a streetcar. Dr. Dean was thrown a distance of forty feet, and landed on the sidewalk.

Dr. H. Josephine Whitney, of Davenport, who is spending the winter at Los Angeles, has purchased a block of land in that city, and will erect several modern cottages for rent.

Idaho.

Dr. Jessie K. Clarke, of Weiser, recently visited in Spokane.

Dr. C. J. Kinsolving, late of Keller, Wash., will locate at St. Maries.

Dr. John H. Sheppard, of Coeur d'Alene was a Spokane visitor last month.

Dr. R. W. Quick, of Meadows, was called to Boise last month, to see a patient.

Drr. Geo. S. Stockton, of Grangeville, has gone for a vacation to Toronto, Canada.

Montana.

Dr. E. T. Lutz made a trip to Billings last month.

Dr. L. C. Ford, of Lima, was a caller at Dillon last month.

Dr. Sidney A. Cooney, of Helena, is a new member of the State Board of Medical Examiners.

Dr. O. C. Evans, of Anaconda, was nominated for mayor by the republicans of Red Lodge.

Dr. L. H. Fligman, of Helena, was at Great Falls recently, attending his sister, who was very ill.

Dr. and Mrs. Souders, of Red Lodge, recently returned from Chicago, where the doctor had been attending a course of medical lectures.

Dr. Thos. A. Mackenzie, of Miles City, has been appointed a member of the State Board of Health.

Dr. J. J. Buckley, of Missoula, has been appointed a member of the Board of Managers of the State Soldiers' Home.

British Columbia.

Dr. Saul Bonnell, of Fernie, went to Cranbrook on business during March.

Dr. Hugh Watt, of Fort Steele, visited friends last month at Toronto and other eastern cities.

Utah.

Dr. F. M. Davis, of Stockton, has moved to Toole.

Dr. C. L. Sweet, for many years a prominent physician of Boise, Idaho, has joined forces with Dr. Paul Francis Cope, of Goldfield, Nevada, and is now located there. The Sentinel wishes him every success in his new field.

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MEDICAL SENTINEL

MAY
1907

Volume XV **Number 5**

Notes

Our old-time friend and associate, Dr. Woods Hutchinson, was recently visiting in Des Moines, Iowa, and has gone on to New York, where he will hereafter make his home.

Medford is to have a new health ordinance, looking to a cleaner and more sanitary town. This is the time of year when ordinances, and enforcement thereof, are very much needed.

The thirty-second annual meeting of the American Academy of Medicine, specializing in Medical Sociology, will be held at Atlantic City, N. J., on June 1st and 3rd. A very interesting program is promised.

The meeting of the South Idaho District Medical Society on the 4th ult. was a very successful one. Dr. George P. Haley, of Boise, read a paper on Prophylaxis of Tuberculosis, which was thoroughly discussed.

A Snohomish county organization to fight the spread of tuberculosis has been formed, and its work consists partly in securing public lecturers, who will inform the public on the best steps to take to ward off the disease.

At the meeting of Lane County Medical Society, held April 6th, the following officers were elected: President, Geo. O. B. DeBar; Vice-President, R. B. Job; Secretary and Treasurer, J. Frank Titus; Trustees, B. F. Scaiefe, W. O. Brosser, Geo. Wall.

The Seattle papers are making a crusade against Mrs. Winslow's Soothing Syrup and Kopp's Baby Friend. Morphine is said to be one of the ingredients of these concoctions, and no wonder that many a fretful baby soon passes into its last and longest sleep.

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The Seattle police authorities should be sustained in their efforts to suppress the practices of the various medical "institutes" that flourish in that city. The primary purpose of these "institutes" is to rid their patients of their money, regardless of consequences.

The Orofino Asylum makes a good showing, and will build a wing to the main building and erect an administration building. The state of Idaho saves some little in transportation of patients by sending them from the northern part of the state to Orofino, instead of having to send them to Blackfoot.

Rumors are afloat that steps are being taken to secure the erection of a hospital for the east side of the river, at Portland. The east side is rapidly increasing in population, and its citizens are full of energy, and desire to have such modern improvements as go with increase in wealth and population.

It must be hard work for some Seattle doctors to make money, when they are driven to the necessity of employing cappers to run business into their offices, on commission. The State Board of Medical Examiners are getting after three doctors who are charged with this offense, and when the mills get to grinding there will be some interesting proceedings —or at least, there should be. It is bad enough for lawyers to engage in this sort of business, but it is worse for doctors. It is pleasing to think that this offence is rarely committed.

On the 15th of April, at Seattle, the County Medical Society had three papers read as follows: "Leprosy as Seen by the Hawaiian Practitioner," by P. R. Waughop, M. D.; "Report of a Case of Brain Tumor," by O. A. Crookall, M. D.; "The Working Classification of Chronic Joint Affections," by F. I. Fassett, M. D. It was determined at the meeting that all physicians belonging to the national medical organization will henceforth be eligible to membership in the King County Medical Society, without being required to offer a year's residence, as heretofore.

Following is a list of the graduates of the Medical Department of the University of Oregon, who on the 29th ult., received their diplomas: John George Abele, Henry Victor Adix, Oro DeGarmo Babcock, Adelbert G. Bettman, J. Bennett Blair, Fred Russell Chaney, B. Elizabeth Drake, Samuel Morse Gellert, Carl Crawford Griffith, Carl Julius Hoffman, Joseph Edward Kane, William Milton Killingsworth, Harry Stanley Lamb, Emma

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Riihi Maki, Willard Needham Morse, Jr., Benjamin Louis Norden, Clara W. Young-Reames, William Everet Smith, John Stephan Thomas.

On June 13th and 14th an examination will be held in various places in the country to secure eligibles from which to make certification to fill at least five vacancies in the position of medical interne (male) at $600 per annum each, with maintenance, in the government hospital for the insane at Washington, D. C., and vacancies as they may occur in any branch of the service requiring similar qualifications. In this state the examinations will be held at Portland, Astoria, Baker City and Eugene. In Washington, at Bellingham, Port Townsend, Seattle, Spokane, Tacoma and Walla Walla.

In medical circles in Seattle, there has been some discussion of late as to the merits and demerits of whiskers. The head nurse of one of the Seattle hospitals objects to "those long, dignified beards which, while they hide from the vulgar gaze a multitude of defects in the face of the owner, also shelter a quantity of baneful bacilliwhich, if treated properly and cultivated in a scientific manner, would infect the entire human race with disease." This may be a little far-fetched; but in the discussions we have seen of the matter, there seems to be a very general disapproval of long beards for physicians.

The Legislature of the State of Washington did not do much more for the health of the public than did the Oregon legislature. The coroner's bill was defeated. The watershed bill, designed to give the public authorities better control of the water supply, was killed. All the medical bills were put into the waste basket. A fairly good pure milk bill and a pure food bill were passed, also a bill relating to vital statistics. There is a good deal of chagrin felt by the members of the medical profession at the fact that so many measures championed by the physicians, which would have inured solely to the public benefit, were side tracked.

There are few medical journals, and no journals conducted by laymen, that have not had remarks to make on the Thaw trial, using it as a text for arguments for or against the professional expert witness on insanity. Mostly, however, the arguments are against, seeing that in such trials it is only a matter of spending enough money to procure experts who will testify any way that the owners of the money require. Were it not that Thaw belongs to a predatory class that spends its time cumbering the ground, the feeling of sympathy for him would have been strongly for an acquittal, but considering the uselessness of such a career as his, most people would like to see him confined in a penitentiary, as an example to other young men; for most of his natural life.

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Editorial Notes

Our Neighbor's New Law.—Our medical friends in our southern neighboring commonwealth are not to be congratulated upon the new law which their late legislature enacted. The summary of the law, as given by the California Medical Journal, tells us that the governor is made the tail of the kite of the medical societies. They select twenty-two names, from which he selects eleven, who constitute the Board of Medical Examiners. In order that there shall not be too much knowledge, experience and capability for the job, it is fixed that no man who teaches medicine is eligible to sit with the chosen few. The members of the board are not required to be citizens of the state or of the United States. Applicants for the privilege of practicing medicine must pass an examination in the fundamental branches of medicine, but are not required to know anything about the practice of medicine, materia medica, therapeutics or surgery. One part of the law provides as follows: "Nor shall this act be construed as to discriminate against any particular school of medicine, or surgery, or osteopathy, or any other system or mode of treating the sick or afflicted, or to interfere in any way with the practice of religion; provided, that nothing herein shall be held to apply to or to regulate any kind of treatment by prayer."

And yet, with such a law in vogue in the enlightened state of California, there will be some men who will still insist that there should be medical reciprocity between that state and Oregon!

Collection Agencies.—If a glib-talking solicitor for a collection agency happens to strike the doctor at the proper moment, he is very likely to secure a customer. The doctor may feel his bank account running low, and on studying his ledger, he sees some unusually aggravating cases of non-payment. Some of his patients who have plenty of money for everything except paying their physican, make no response to his letters. Or they may promise payment, but utterly fail to keep their promises. While he is feeling especially annoyed at the unbusiness-like ignoring of his applications for money that has been richly earned, in drops a collection agent, who has some new scheme for abstracting money, even out of a gate post. Perhaps he represents the Sprague Collecting Agency—a St. Louis institution which has, in the past, done good work for some people, to say the least. But we gather from some of our contemporaries that it has fallen into evil ways. Recently its man called on a Portland physician and solicited some accounts to collect. The physician was almost in the mood to give them to him, but said he would think the matter over, and perhaps take it up with the main office. The agent, in an insulting manner, told him that he could not do that; all Portland business must come through him. His tone was such that the Sprague, direct or indirect, will get no business from that office. More recently a young man, with a foreign accent, dropped in and had a new project. He wanted some accounts handed over to him that were regarded by the physician as being the most unpromising—absolutely worthless. He had a new method by which he could extract money out of the most incorrigible debtor. As an experiment, a bill was given to him. The next day

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he returned and said that he had had a fuss, and could plainly see that if he started a suit the case would never reach the publicity stage, but the debtor would pay promptly. His special facilities for investigating assured him that the mere filing of the suit would be enough to yield a rich harvest of dollars, of which the solicitor was to receive, when collected, a modest percentage. But—and there is always a but in such a case—the sum of five dollars was needed to pay the fees of the clerk of court, for the filing of the suit. The solicitor, being a lawyer himself, would draw the papers, so there would be no charge for that—merely the five dollars were needed. The breath of the man with the new idea was laden with fumes of strong drink, and he did not get the five dollars. Judging from the reports subsequently seen in the newspapers, he succeeded in getting "fees" from some gentlemen who were a little too ready to believe his story, which "fees" never reached the county authorities. The story teaches the moral that accounts should not be given to strangers to collect. There are enough home agencies, with established offices, and if they are not successful, it is just as well to enter the accounts to profit and loss.

Unionizing the Profession.—In the May issue of the American Journal of Clinical Medicine, the very pertinent question is put: "Is this organization (the American Medical Association), as represented by the J. A. M. A., and the state journals, operated on the principles governing the modern trust?" There is undoubtedly a strenuous effort being made to unionize the medical profession; to boycott medicinal products that do not square themselves with the notions of the Council of Pharmacy and Chemistry of the A. M. A. The California State Journal of Medicine asks its readers to look with suspicion on any remedial preparation that is not endorsed by this body. Attention is called by Dr. Abbott to the fact that of the fifteen members of the Council, not one is a practicing physician. Not one of them is fitted by practical experience to pass upon the therapeutic efficiency of a single preparation. It may be that the organization, which seeks to spread its tentacles over the medical world, crushing out of existence the independent journal by the establishment of unionized state journals, will succeed, but we hardly believe it.

Sanitary Travel.—There is no subject that touches more people than the exigencies of railroad travel. While there are many who rarely travel to any extent, yet they have relations who do; and the health of the traveler is felt to be of paramount importance to the public at large. The traveler in the Pullman cars may not be so liable to be killed by head-on collisions as are the occupants of the smoking cars; but the unsanitary heavy draperies, and carpetings are a constant menace to health. The toilet rooms in our best trains—to say nothing of the worst—are a disgrace to the civilization of the day, and the time will come, let us hope, when the dropping of human excreta along the railroad track will be prohibited as unsanitary. It is not to be expected that our public service corporations will effect any radical reform in these matters until they are compelled to do so by reason of the forces exercised by an enlightened public. The intelligent public would feel much happier if they felt that the railroads were leaving no stone unturned to provide the most healthful conditions for their patrons. The subject is one that may well be discussed by our medical societies, the members of which are always the pioneers in good works to promote sanitary measures.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

REFORM IN THE A. M. A.

Correspondence received by the Medical Sentinel from many different states point unmistakably to the great interest that is being taken in the forthcoming meeting of the American Medical Association at Atlantic City. There are many members of the association who feel that it is arriving at a critical period in its career—a period when rocks and shoals appear, and unless careful, honest and experienced pilots are on duty, there is grave danger lest a wreck take place. Past history shows that many an organization which has been ruled by a strong central board of management, who have failed to see the dangers ahead, has split in many pieces, going to destruction before a rival which has been founded on principles that were disregarded by the old organization.

There is reform in the air. Municipal, county, state and national governments throughout the world are in a state of unrest. Conditions which were tolerated in the past, are tolerated no more. Forces are at work which demand reforms, and woe to the man or body of men who stand in their way. Entrenched power, whether it sits on an hereditary throne, or on seats that perpetuate themselves while going under the name of democratic or elective, is doomed to be swept away if it is tyrannical or overbearing in its demeanor. This subject cannot be brushed aside by the apologists for present-day conditions in the American Medical Association on the ground that there is a difference between lay governments, which are essentially political, and the government of a supposedly non-political institution like an organization of doctors. The fact is that there is plenty of politics in the American Medical Association, and so long as it is of the right sort, this is not a subject of regret.

It is safe to predict that the days of the present self-perpetuating board of trustees is numbered. It is for the present management to say whether the house shall be pulled down over their heads, as Samson pulled down the temple pillars, to the destruction of the rioters

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within, or whether they will permit reforms to be made without an unseemly struggle. The editor of the Medical Sentinel took occasion a year ago, in the House of Delegates, to sound the alarm, and although his voice was one of but few to be raised in protest against present-day methods, there was enough sympathy with the movement for investigation and reform to indicate that some time in the near future the time would be ripe for a reformation in association methods. We judge from the correspondence we have received at this office, it has not been very pleasing to the rank and file of the profession—the men whose dollars make strong the finances of the association—that there was a strong determination a year ago on the part of the management to have no independent auditing of its financial affairs. "What would be thought," asks the letter of one inquirer which lies before us, "of a confidential clerk of any business house who resisted to the last a proposition to check up his accounts, go over his vouchers and test his balances, by the stockholders whose money pays him his wages?" There is but one answer to this question, and the Board of Trustees know well enough what that answer is. No self-perpetuating body can hoodwink the public by auditing its own accounts, or by itself appointing a friendly committee to audit them. No matter how friendly one may be to Dr. Simmons and the Board of Trustees, it must be acknowledged that the present method of handling the finances of the association is not one that a prudent business man would tolerate in his own affairs.

It will be well for members of the House of Delegates to consider with more care than they have ever done before, what is their duty to their constituents. This matter should be carefully canvassed before the meeting opens next month, and each delegate should have reasons, well defined, for his action when the time comes to determine whether the present method of managing the affairs of the association shall continue.

DR. McCORMACK'S ONE-SIDED JUDGMENTS

Those physicians who have had any experience in public affairs know what an intense feeling of annoyance they have when someone comes along to investigate them, and does the investigating at a distance. The most unsatisfactory feature about Dr. McCormack's work for the American Medical Association, and the feature which brings contempt on him and his method, is the way he has of making reports on medical schools and medical conditions, without making a fair investigation. He is something like the voluble witness in the court room, inexperienced in the matter of court procedure, who thinks he will further the cause of justice by telling all the street rumors he ever heard bearing upon the case on trial. He learns, before he goes far, that he must tell what he knows; what he has gathered from di-

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rect methods; what he saw; and, in some cases, what he heard the defendant or other parties to the action, actually say. He cannot ramble all around the bush and tell all his imaginings, or the street talk that he thinks will aid the side of the case towards which he is biased.

Unfortunately, Dr. McCormack has recently been doing in Illinois just what he did in Oregon. Here he condemned the schools, without going any nearer than when he rode by on the street car. The school authorities could not and would not have fooled him as to conditions. But he did not go near them. Who ever heard of a school inspector such as the state or county appoints, getting his facts for publication as to the conditions of public schools, by riding past on the streetcars, or by conversing with Tom, Dick or Harry on the curb? And that is Dr. McCormack's method in Oregon and Illinois. In his report on the state of things in Illinois, he condemns the administration of the medical laws of that state, and reflects unfavorably thereon. But before doing so he did not make the slightest effort to substantiate his impressions by reference to the authentic information on the subject available at the hands of the President or Secretary of the State Board of Health.

Nobody will question the general statement that medical legislation is not ideal in Illinois. What legislation does exist there is not enforced as it should be. But the fact lies more with the public than with the authorities. Legislation in many states is a little ahead of the public demands. Juries are uncertain. Judges are about the same. The appellate courts in every state are looking for technicalities that will aid the person charged with violating the laws. This is the crying evil in the courts of the United States today—an evil fully recognized by the press, and by some of the more outspoken judges of the highest court in the land. But Dr. McCormack might be in better business than traveling over the country, and printing criticisms of public officials and medical schools, without making what in all candor might be called a fair, two-sided investigation. His judgments are made on ex parte testimony. He purposely avoids the other side. He seems, in some states, to start in with a preconceived notion, and seeks curbstone approval and substantiation of his theories. He acts as though he were afraid to go to the authorities who know the other side, for fear that his judgment might be warped away from the theories that he would rather sustain. The Medical Sentinel does not believe this is a fair proceeding, nor that it inures to the benefit or credit of the American Medical Association for its traveling agent to lay himself open to this sort of criticism.

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PRACTICAL APPLICATION OF X-RAYS IN GENERAL PRACTICE

By C. W. BOTSFORD, M. D.

Read before the Pierce County Medical Society, April 2, 1907

There exists in nature a particular ore of iron called the loadstone: some specimens possess the power of drawing to them small pieces of iron, and when suspended so as to be able to move readily, will come to rest and will point approximately to the geographical north.

It is believed that the attractive power of magnetism was first discovered by a shepherd named Magnes, who was unexpectedly detained on Mt. Ida, in Asia Minor, by having his shepherd's crook caught by a natural loadstone; others claim the word comes from the Latin "Magnis," which means heavy.

A lasting statue of honor should be erected to Michael Faraday, an Englishman, who in 1831 first gave to the world the fundamental principles on which are based the dynamo-electric machine, the induction coil, the electric motor, and the alternating current transformer; and on the foundation-stone of truth laid down by him all subsequent builders have been content to rest.

The electric current is produced by an armature made up of a core of soft iron wrapped with copper wire, revolving rapidly in the magnetic flux of the horseshoe magnet.

It is the correcting of this magnetic flux to make it travel in one direction which gives the direct current, or allowing it to surge to and fro that produces the alternating current.

The induction coil is made up of a soft iron core, wrapped with a few turns of large wire which carries the current directly from the dynamo; as the current passes over this core it becomes saturated with the magnetic flux and as the primary current is interrupted the magnetic load is given up; it then passes to the secondary winding and produces the long blue spark or the yellow flames; this stepping up process has changed the mild 110-volt current into one of terrific penetrating power of 500,000 to 1,000,000 volts and capable of breaking down an air gap of a few inches to 20, 30 or 40 inches.

It is this current that has today been utilized to produce the best effect in exciting an X-ray tube.

The Static Machine, with its revolving plates, has also been used with good effect to excite the X-ray tube, but it must always remain in a second place, for the reason that the current can not be increased beyond a certain limit, for the glass plates would be broken if revolved at too rapid a speed, while with the induction coil the primary current

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may be increased or decreased, or the interruptions changed, in that way, giving almost any current for which even the most exacting operator might wish.

The induction coil itself needs no care whatever, and will last a life-time with ordinary use. The interrupter needs care to make the current run smoothly; the electrolytic interrupter, which is the only one that can be used on the alternating current, needs the least care of any, the mercury turbine gives beautiful results, but can only be used on the direct current.

Sir William Crookes in 1875 produced the first X-rays through a vacuum tube; he did not recognize the X-ray and for twenty years it remained unnoticed, until it was discovered by Prof. Wm. C. Rontgen of Wurzburg, who noticed that a piece of paper coated with barium patino-cyanid flouresced brilliantly in the neighborhood of a Crook's tube. He continued his observation with the flourescent screen, and the photographic plate, and in the winter of 1895 he published his classical paper upon the X-ray.

The use of the X-ray in the diagnosis of fractures and location of foreign bodies at once became general. A little later a number of investigators observed valuable therapeutic effects when the rays were directed upon living tissues affected with tubercular or malignant disease.

The generally accepted theory of the X-ray is that it is a disturbance of the ether, somewhat of the nature of ordinary light, but differing from it in being a series of isolated impulses instead of a regular wave phenomena.

For the purpose of the physician and surgeon it is quite sufficient to know how to produce and control the rays, but it may be well to remember that they originate within a Crook's tube at the point of impact of the cathode stream against a solid body; that they travel in straight lines; that they cannot be refracted or reflected as ordinary light; that therefore we can only obtain shadow pictures from them; that their range of quality is much longer that the range of the whole visible spectrum, and that the successful use of them depends upon the skill in those manipulations which secure for us the quality and intensity of the ray needed to accomplish the desired result.

The equipment necessary for X-ray work, if of the ordinary kind, such as to produce skyographs of the hand, arm, shoulder, foot and knee, is from an 8-inch to a 12-inch induction coil, with a proper interrupter for the current to be used on the primary wire. There is no question whatever as to the choice of currents if you are situated so that a choice can be made, and that is the 110-volt direct current. If you are able to obtain this current you can be assured of getting about 85 per cent efficiency from your primary current, your skiographic work will be faster and you will be able to treat your patients in half the time. When the alternating current is used it has only 40 per cent efficiency, in the production of the X-rays there is more heat produced in your tube; the red-rays are thereby manifestly increased, which in themselves are dangerous to your patient and the Crook's tube becomes more rapidly blackened from the minute frag-

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ments of platinum torn from the anode which are hurled with such rapidity against the glass sides of the tube.

The 220 and 500-volt currents are too strong for the insulation of the average coil and all the makers will guarantee the coils for is the 110-volt current.

The present proficiency of the X-ray cannot be credited to any one man. The induction coil must be credited to Michael Faraday, the X-ray tube to Sir William Crooke, the discovery of the rays and the barium-platano-cyanid screen to Roentgen, the Flourscope to Edison. The tubes have been perfected by Gundlach and Mueler of Germany.

Fluoroscopy.

X-ray examination can be made with the fluorescent screen much more easily and quickly and cheaply than with radiographs. For examination of the thorax the use of the fluoroscope has the advantage that the respirations do not interfere, as is the case in making radiographs of these parts.

Another advantage is that the parts under examination may be made from a great many different points of view. The fluoroscopic picture will never be so accurate and reliable as the radiograph, and satisfactory radiographs may be obtained of many parts of the body where fluoroscopic examination may be misleading.

In partial fractures or even complete fractures where there is little or no displacements, the fluoroscope usually fails to show the condition, but a good radiograph almost invariably reveals such conditions.

Fragments of fine needles or small pieces of glass may not be located with a fluoroscope, but are very readily found with the photographic plate.

In cases of fracture, dislocation, and foreign substances in the body, it will usually be well to supplement the fluoroscopic examination by at least one radiograph.

For fluoroscopic examination there is not much room for choice between the induction coil and the static machine.

The tube with a high vacuum which gives good penetration is the one best fitted for fluoroscopic examination. The risk of injury is much greater than in radiographic exposure.

As a matter of fact, most of the severe buruns which have led to damage suits have been produced by fluoroscopic examinations.

In order to prevent this, it is well to keep account of the time and not allow this to exceed ten or fifteen minutes.

The practice of allowing a large number of persons to examine a subject one after another is dangerous unless attention be paid to the matter of time, exposure and distance from the tube.

Radiography.

Diagnosis with the X-ray attains its greatest perfection with the radiograph.

The beautiful pictures of the fluorescent screen do not approach in accuracy and delicacy of detail those which can be obtained upon the photographic plate.

Successful radiographic work requires greater skill in the manip-

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ulation of the apparatus than is necessary in any other field in which the X-ray is applied.

A successful result can be obtained only by good tubes, efficient apparatus, abundance of auxillary appliances, considerable skill in the management of the photographic plate, a knowledge of anatomy, and a good general idea of surgical injuries.

An exciting apparatus of considerable power is necessary for radiographic work, an induction coil of at least 18 inches capacity is the best, but a static machine under favorable conditions has done satisfactory work.

Taking the best exposures necessary for the same subject with the static machine the ratio will be between 5 to 1 and 10 to 1 in favor of the coil. Radiographs of the hand, for example, which may readily be obtained with the induction coil in three seconds, will require from 15 to 20 seconds with a very good static machine.

It is true that the clothing offers very little obstruction to the X-rays, seams of clothing and buttons cast shadows, which may impair the usefulness of the radiograph so the parts should be uncovered if possible, or at least only a single layer of cloth covering the parts.

It is, of course, unwise to remove the bandages and splints for the purpose of making radiographs in case of recent fractures. Surgeon's plaster, iodoform and rubber drains show in the radiograph.

Ordinary wood splints offer no serious obstructions to the rays.

Long exposures will be required with plaster casts, and the plate will be hazy and mottled by the shadows of the plaster.

It is rarely, if ever, possible to show with the X-ray malignant growth of the soft parts of the body which are not readily recognizable by other means.

For malignant growths of the bone, and foci of necrosis in them, the X-ray is a valuable aid in diagnosis, but in the soft parts it is of little use.

Radiographs differ in many essentials from other pictures for the radiograph must always be considered as a shadow of the part, and not as a picture. In a good radiograph the shading due to varying thickness of varying penetrability of different parts of the subject often give an appearance of perspective which may be quite misleading.

Malignant diseases of the bone invariably cause them to become more transparent, the ray thus producing dark spots in the negative.

In nearly all advanced malignant growths of the bone a pushing out of the periosteum will be shown. In tubercular bones there will be greater transparency and a peculiar lack of contrast of the bones with the flesh. Very often in bone injury of long standing there will be an increase of transparency due to a thinning of the compact tissue, which results from a lack of nutrition. In bone atrophy there is less disturbance of the structure of the cancellous tissue.

The therapeutic application of the X-ray is one of the greatest at the present time to the physician whose watchword is progress, and who wishes to know with some degree of certainty what class of cases

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should be subjected to the rays, and what are the chances of cure or improvement to those cases.

The use of the ray for therapeutic purposes presents a problem entirely different from that which confronts us in the use of the same agent as a means of diagnosis.

On the one hand the ideal condition is to get a satisfactory image without in any way affecting the tissues; on the other, we are directly and solely concerned with the effect upon living tissue. In the use of the X-rays for therapeutic purposes we must utilize those very qualities of the agent which we strive to escape in diagnostic work; We must produce effects upon the tissues, and we must so regulate these effects that they may be utilized without overstepping the bounds of safety.

It goes without saying that the utilization of the effects of X-rays on tissues presents a nice problem in the regulation of an agent whose control is extremely difficult.

The effects of X-rays upon tissues have been studied almost exclusively as they occur on the skin, which bears the brunt of the exposures.

The first effect to be seen is either slight pigmentation, slight erythema, blanching or loosening of the hairs.

This pigmentation of the skin from moderate X-ray influence differs in no apparent respect from that produced by exposure to sunlight. It is a superficial deposit of pigment and no doubt is a result of the same process that causes tanning from exposure to sunlight.

The inflammatory effects produced by X-rays upon tissues may be divided into four classes, corresponding to the four degrees of heat burns ordinarily described. In burns of the first degree there is a dry dermatitis with erythema without destruction of tissue. In the second degree dermatitis with the formation of vesicles and blebs, but without deeper involvements; in the third degree, destruction of the epidermis. In burns of the fourth degree the destruction involves, not only the entire epidermis, but the corium as well, and also the underlying tissue to a great extent.

The depth to which the tissues are involved in burns is limited by the intensity of the ray effects.

There is a report of a man who developed an acute miliary tuberculosis while taking X-ray exposures, and who suffered much from palpitation and pain in heart.

In the case of a demonstrator of X-ray who had had repeated exposures later developed headache, vertigo, vomiting, dimness of sight and great prostration.

The symptoms were said to be practically those of sunstroke. He stopped the exposures and the symptoms disappeared.

Another evidence of the effects of X-ray is found in the relief of pain due to deep-seated pathological processes.

The action of the rays on Lupus tissue is similar to that on normal skin.

First, degenerative processes in the cellular elements and epithelial cells of the lupus tubercles themselves, which are followed by the appearance of an inflammatory reaction.

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The study of sections from lupus of the cheek treated by the X-ray show a large formation of connective tissue fibres surrounding and encapsulating the tubercles and running through them with numerous spindle cells and evidences of new formation.

CARCINOMA.

The microscopic examination of carcinomatous tissues shows that under the influence of the X-rays the cancer cells degenerate and are destroyed just as the normal cells. The degenerative processes in the deeper carcinoma take place only after a more intense action of the rays. The blood vessels, especially the small ones which are in close relation to the tumor, show marked endarteritis; around the occluded blood vessels the breaking down of tumor cells is more pronounced than at any other place.

The final stage produced in the successful use of X-rays in the treatment of carcinoma shows that the carcinomatous tissue has been replaced by a dense layor of healthy connective tissue. The surface is covered by a thick layer of healthy epithelium.

Rodent ulcer shows much the same conditions, that it consists largely of connective tissue. In this terrible condition the X-rays have been very successful.

The effect of X-rays occurs most readily in the tissue of diseased conditions such as carcinoma, sarcoma and tuberculosis. The reason, no doubt, is that the pathological tissues are made up of relatively unstable cells which readily degenerate and are easily destroyed by any disturbance of nutrition. It is likely, therefore, that such cells would prove more susceptible than normal tissue to an agent like the X-ray, whose effect so distinctly interferes with the normal processes in these cells. So it may be said the X-rays have a selective effect upon diseased tissues. These diseased tissues, accordingly, may under the right conditions be made to undergo degeneration and absorption and replacement by healthy connective tissue without the destruction of the healthy elements. This from a therapeutic standpoint is the important fact that is gained from a study of tissues affected by X-rays.

The use of the X-rays, in the treatment of tinea tonsurans and favus, have been reported successful by several operators.

Theoretically, the treatment is ideal. It causes outfall of the diseased hairs and at the same time destroys the organisms upon which the disease is dependent. The practical objections to the treatment is that it is tedious and the exposure of as large a part of the scalp as necessary is a procedure of some risk unless carried out with caution.

Sycosis has been successfully treated and has proved equally efficacious in the parasitic and non-parasitic.

The use of X-rays for acne vulgaris and comedo is indicated upon the same grounds as their use in sycosis. Acne rosacia has been successfully treated by many, and there was no return in two years in the cases reported.

Several writers have reported good results in the treatment of eczema, especially in the chronic indurated type.

There have been a small percentage of failures in the treatment of eczema by the X-rays, but the few failures compared with the suc-

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cesses would warrant its trial in every case, whether the condition was acute or chronic.

Psoriasis has been favorably affected, and some cases have been entirely cured by the subsequent use of chrysarobin. However, the treatment will not remove the marked tendency of the disease to recur. In the treatment the tube should be placed at a considerable distance, so that a large surface may be covered at one time.

For tubercular ulcers and scrofuloderma, using that term to describe the diseased condition of the skin and subcutaneous tissues that are associated with tubercular glands, and other deep-seated foci of tuberculosis, there are good grounds for the use of the X-rays. Cervical adenitis is especially fitted for this treatment because it will prevent scars on the neck and the rays will reach the deeper tissues.

Probably the most widely talked of use of the X-rays has been its use in that terrible scourge of the human race, "cancer," and which is still marching onward with such frightful results, some 25,000 perishing in seven states of the Union in the last five years, and standing seventh in the cause of death during that time. In the treatment of the epithelioma, or rodent ulcer, the general concensus of opinion of all, who are using the X-rays, is that the ulcers heal rapidly and the cavities fill up in a remarkable manner.

Difficulty has been experienced with hard raised edges and recurrences have been noticed. In the treatment of cancer by this method pain is relieved and the discharge dried up.

In some cases, however, the tumors grow rapidly in spite of exposures.

Some Eastern surgeons, who have done considerable work along this line, in commenting upon the excellent results in epithelioma, still regard extensive removal as the proper treatment, and the X-rays should be considered in the after-treatment. This point, I think, is well taken, from the known effects of the rays today. The destruction of a large amount of diseased tissue would compel the lymphatic system to remove broken-down tissue in such large quantities that it would affect the general health in a way not desirable in the already weakened condition of the patient.

The cosmetic excellence of the scars after treatment with X-rays about the face and neck is to be commended. The fact that practically no destruction of healthy tissue takes place is a marked advantage of the method in treating lesions at points where there is little tissue to be spared, as about the eyelids.

Carcinoma of the breast is receiving much attention from those using the X-rays, and the reports from many sources show a large percentage of cases successfully treated, epithelioma and scirrhous growths being almost always successfully treated.

In the careful study of 80 cases of undoubted carcinoma, 45 per cent show practically no result but relief from pain. Fifty per cent show results that are entirely satisfactory. In the remaining 5 per cent there is a symptomatic cure, and the condition is all that could be hoped for.

Most of these cases had been refused further operative proced-

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ures and had no outlook left except pain and misery and a hopeless illness. That 50 per cent of these cases have had relief would seem to show ample justification for its use.

If following operative procedure there is a recurrence, then there is abundant evidence that the patient should have the X-ray treatment begun as quickly as possible.

It is then that there is a fair chance of bringing the patient back to health.

The use of the X-ray exposure after operations for malignant tumors as a method of prophylaxis is unquestionably a logical procedure, and it is being carried out at the present time by many workers.

In Hodgkins disease and true leukemia much promise is being held out by the exposure of the spleen to the X-rays, the tumor disappearing and the immense number of white blood corpuscles returning to a normal number.

There are three classes of cases that should *not* be exposed to the X-rays: 1st, where the kidneys are affected by either acute or chronic nephritis, for the reason of the enormous increase in excretion that sometimes follows exposure to X-ray; 2nd, when a patient is already suffering from a toxemia, it is not well to require his organs to still further complete the disintegration and excretion of a large mass of broken-down tissue; and in the third group when the tissue destroying effect of the X-ray is so largely exerted on the blood-building organs that it might cause serious embarrassment to those organs if there was already an anemic condition.

Just a word in closing: what does the future hold for the perfection of the X-ray?

There must be elimination of the red, or burning ray; the increasing of the blue, violet and ultra-violet, which have proven so beneficial and so hard to produce and control; the illumination of the cavities of the human body, thereby bringing the internal organs within view of the diagnostician and the reproduction of these organs upon the photographic plate, so that they can be studied at leisure.

It is my prophesy that all these conditions, and many more will be solved, not by the X or unknown rays, but by the known rays of the Twentieth century.

The field today is wide and meagerly occupied in the therapeutic application of the electric current in all its phases, and it offers encouragement in the way of both honor and a just compensation to those who shall solve its mysteries.

Aneurysm of the Arch of the Aorta.

George L. Peabody presents the history and autopsy o an obscure case of aneurysm of the descending arch of the aorta that was diagnosed only by means of an X-ray photograph a few days before rupture into the esophagus. There were many symptoms of hysteria and no history of syphilis or other etiological factor of aneurysm.—Medical Record.

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IS THE SPIROCHETA PALLIDA THE SPECIFIC ORGANISM IN SYPHILIS?

By A. TILZER, M. D., Ph. G.
Portland, Or.

Read before the Portland City and County Medical Society, March 6, 1907

There is no disease in the entire group of medicine that deserves so much attention from the profession as syphilis, for instead of its prevalence being limited among the civilized world, we find it increasing to such an alarming extent that it has long since involved society, and without restraint we do not hesitate to say that it will affect almost all posterity in the not distant future.

It is certainly enough to cause us to pause when we remember that there is a disease, the most widely spread and best known in the world, concerning which our knowledge, at least in regard to its etiology, its pathology, and theoretically, its treatment, is as limited as it was when John Hunter died.

I do not intend in this short paper to say anything original about syphilis. I only propose to recapitulate some of the interesting and disputed points in relation to the etiology, and to emphasize some few ideas about it which I, individually, implicitly believe and hold to be important.

What, then, are some of the disputed, or unknown questions regarding the etiology of syphilis? Is it's causative principle a germ or a virus?

The profession has taken no account of the persistent and long-continued search for parasitical sources of infection by many of the most original and indefatigable minds of the world. A search, it is unnecessary here to say, absolutely negative and unsuccessful. As early as 1837, Donne described a parasite found in syphilitic ulcers and named it Vibrio Lineola. Later discoveries by Lustgarten, Joseph and Piorkowski and many others finally proved to be unsuccessful. As late as 1902, Bordet and Gengou found spirochetes in chancre and throat lesions. They became discouraged because they could not demonstrate the organism constantly, and discontinued their researches.

Early in 1905 Siegel observed active motile flagellate bodies in enormous numbers in the blood of several syphilitics and named them Cytorrhycetes Luis. The Imperial Board of Health of Berlin appointed Scaudinn, who had earned a reputation in the study of Protozoa malarial parasites, etc., to investigate Siegel's work.

In April, 1905, Scaudinn, in association with Hoffman, an expert syphilologist, published the description of a spiral organism which

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they found in all of 26 cases of primary and secondary syphilis and named the organism Spirocheta pallida. The morphology and method of staining of the Spirocheta pallida will be explained and demonstrated by my colleague, Dr. Ralph C. Matson, who is probably better prepared, and has done more in this line, than any man here.

Now let us analyze the different views expressed by various authors and syphilologists here and abroad on this subject. It is now certain that rabbits are susceptible to syphilis, and it is an ordinary matter to produce parenchymatous keratitis in rabbits. We also know that apes are susceptible to syphilis, although in different degrees, according to their higher or lower types.

In a leading article in the Wiener Klinische Wochenschrieft of September 14th, 1905, by Drs. Kraus and Prautschoff, Kraus claims that his own personal investigation has convinced him that the spirocheta pallida is the causative factor in syphilis.

While a great many authorities have publicly expressed their confirming views, accepting beyond a doubt the etiological connection of the spirocheta in syphilis, there were others who refused to accept these conclusions, and it is stated that the latter were justified in their reservations, in view of the many disappointments which followed in the wake of the various discoveries regarding the causative factor of syphilis.

Furthermore, it seems that the proofs of the etiological relation of the spirocheta pallida to syphilis were impossible of execution according to the given formulas.

In view of the fact that the attempted cultivation of the spirocheta had never proved successful, one of the most important claims of Prof. Koch—that syphilis can be produced with pure culture has been renounced.

It is indispensable, therefore, to closely weigh all other facts which seem to justify the etiological relation of the Spirocheta Pallida to syphilis.

In the first place, the constancy of the presence of the spirocheta pallida in syphilitic lesions and the absence of the same in healthy tissues and those of non-syphilitic lesions.

No less important appear the claims of Metchinkoff, and Roux, that in their experiments on apes they have found the presence of spirocheta pallida in the primary lesions produced.

Considering, therefore, the connection of the constancy of presence of spirocheta pallida in syphilitic lesions in man, and the same phenomena appearing in syphilitic products obtained from apes, it is almost overwhelming proof that spirocheta pallida are the causative factor in syphilis.

Kraus and Prautschoff further state that after examining 24 cases of various non-syphilitic affections in the living and the same number in the post-mortem room, they have been unable to find any trace of spirochetae.

Kraus, together with Sternberg, found a form of spirocheta in smegma very much like the pallida, a discovery which is borne out by Kiolemenoglon and V. Cuba, who also have found a spirocheta in

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Balanitis, Condylomata Lata and Cancer, which they consider a typical specimen of the pallida. Kraus and Prautschoff subsequently proved these facts and deduct from their experiments that spirochetae which resemble the spirocheta pallida are but rarely met, that they are to be found only in smegma, balanitis condylomata, Lata and cancer, and in these only superficially and never in the deeper tissues; they therefore recommend that a section of the deeper tissues of suspected syphilitic lesions should at all times be examined for the spirocheta pallida. They hold, with Hoffman, that the trained eye will easily differentiate between spirocheta pallida and the harmless sometimes similar spirochetae, because the latter are thicker, their windings are rougher, broader and less frequent than is the case in the delicately wound spirocheta pallida, and in a short time stain by the usual analine colors.

I am indebted to Dr. Whiteside for the following letters from Dr. E. Keyes, Jr., of New York, and Dr. C. Morton Smith, of Boston, both of which give a fair illustration of the opinions prevailing on the subject amongst the fraternity in this country:

NEW YORK, Nov. 12th, 1906.

Dr. Geo. S. Whiteside, Portland, Or.—

DEAR DOCTOR: I have not yet seen any mud thrown at the spirocheta. Men who have observed it closely note different forms of the organism from which some infer that cytorrhyctes luis is but another form of the pallida, while all agree that even the closest observation does not always find the s. p. in infectious lesions. I believe it has never been found in gumma, though this has been proven infectious. Moreover, nobody seems to know anything about protozoa anyhow. Yet clinical observations here in New York seem to be strongly confirmatory of the claim of s. p. to be in some way related with the infectiousness of syphilis. If it is not the cause, it is at least some by-product of the cause. And its discovery in suspected lesions is a most useful criterion to judge the presence or absence of syphilis.

* * * Inasmuch as in the case of gonorrhea I think clinical observations should outweigh pathological returns every time, I am even more convinced of the necessity for prudence in accepting the bacteriological diagnosis of syphilis, owing to the extreme difficulty of identifying s. p.

Thus speaks the doddering East; impute no wisdom to us.

Yours truly,

E. K. JR.

BOSTON, Mass., Dec. 30th, 1906.

DEAR DOCTOR WHITESIDE: In regard to the spirocheta I am unable to find anything definite against its claims, and I am sure that such a conservative man as our friend Dr. Post is more strongly in favor of it than ever. When you get it, of course, negatively, it is of no particular value.

I saw a case this summer where the organisms were demonstrated in a lesion something like 24 hours old, and the case was syphilis as shown by later developments. I made smears from a man last week

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with a beginning-to-indurate-sore, which was only a few days old and with an incubation period of about three weeks; I searched long and could only find three spirilla, which I believe were spirochetae. I was disappointed, for I felt I would and ought to find more. In this case Dr. Post said with the incubation period the character of the sore, if spirochaetae were present he should advise beginning treatment right away. I mention this as in a way an answer to your question. Of course the inability to grow them is a drawback.

The laboratory at the dispensary is looking up quite rapidly, and we will soon have a line of culture media, and are to experiment on various things.

Cordially yours,

C. MORTON SMITH.

Thus it appears that while a great deal of time and labor have been expended, both in research as well as interesting and very entertaining controversies on the subject, the results obtained, as far as actual positive benefits to the practitioner are concerned, are very much doubtful, to say the least.

From all I have thus far been able to hear, or see, I am inclined to take a stand with those who openly have expressed their conservative views regarding the discoveries of the Specific Organisms in Syphilis.

I feel that I am perfectly justified in so doing from the various statements made about the difficulties met in proving the S. P. and the impossibility of producing it in pure culture.

Although my personal experiments in the bacteriological field have necessarily been limited, I have had the privilege of witnessing the labors of noted bacteriologists, both here and abroad, and I am inclined towards the principle laid down by Prof. Koch, that any germ to be considered a specific in any given disease must be capable of pure culture and reproduce the disease by inoculation.

It is certainly not unreasonable, in view of the analogy of syphilis to various closely allied affections, such as tuberculosis, to suspect the activity of a specific germ, and I express the hope that the continued experimentation, aided perhaps by possible improvements in technic and instrumentation, will some day in the not too far distant future give us more light on the subject, and by removing all doubts now existing among the skeptics will furnish us with a weapon which will enable us to successfully combat one of the most dreaded enemies of humanity at large.

An accurate knowledge of the lymphatic drainage of the various regions of the body is absolutely necessary before one can determine the origin of a glandular infection. This is especially important in cancer, when sometimes the glandular involvement offers the first clue to the primary focus.—American Journal of Surgery.

Before attributing enlargement of the liver to a surgical condition exclude echronic hepatic congestion of cardiac disease.—American Journal of Surgery.

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ENLARGED PROSTATE; PROGNOSIS AND TREATMENT

By A. E. MACKAY M. D.
Professor of Genito-Urinary Diseases, Medical Department of the University of Oregon

Read before the Portland Academy of Medicine, March 14, 1907

Chronic enlargement of the prostate is a benign affection of a sexual organ occurring generally as old age advances; and while it may be demonstrated before the age of fifty, yet most men have advanced well towards the allotted three score and ten before symptoms are manifested that would indicate at all the presence of such a condition.

Statistics of Thompson, Guyor and Dittel show that 34 per cent of persons over sixty have more or less enlargement of the gland, but that only a small proportion of that number (about 15 per cent, or 1 in every 20) ever exhibit any marked symptom as a result, and then only when the urinary organs are affected. Ia has been said that every year a man lives beyond the seventh decade should be counted as clear profit; then certainly should the surgeon give considerable thought to the prognosis in every case of symptomatic evidence of enlarged prostate, not only in reference to the net gain in years of life, but the comfort and convenience to be enjoyed.

To the general surgeon there are but two alternatives: the value of palliative treatment of symptoms and the radical operation for removal of the gland. Of but little value are other considerations, such as castration, section of the vas or Bottini's method.

To determine a method of action one must of necessity temper his judgment by the experience of others, and to make full use of such statistical evidence should we not look beyond mortality rates alone and consider the surgeon, his method of choosing cases, his indications for operation and the subsequent results.

Hugh H. Young reports 50 cases by perineal operation, with no deaths, yet one dies two weeks after the operation by embolism: another dies a month after the operation from old age, and in all there were four cases of rectal fistula and one of incontinence (A. M. A. J., Feb. 4, '05).

Drs. Tenney and Chase, in A. M. A. J., May 12, 1906, collected reports from various sources showing results after 2342 operations where the mortality from perineal operation was 7.9, and by the suprapubic 13.2, and so one could go on through a vast amount of literature on the subject, showing especially good results from certain skillful, careful operators to the everyday findings that produce a decided mortality in a class of cases that are already reaching the limit of expectation of life. Should we, then, too readily yield to a

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desire for surgical interference with perhaps its sometimes theatrical results, rather than pursue the more prosaic methods adapted to symptomatic treatment? How far we may proceed in the treatment of enlarged prostate depends more upon the clinical features of each individual case than upon the enlargement itself, for an immense gland may produce very little obstructive action.

I believe every case of functional disturbance of the urinary organs in men over fifty years of age should command immediate careful attention, such symptoms as slow or intermittent urination, dribbling or nocturnal frequency (which is often a guiding sign to commencing enlargement with possible obstruction); alterations in sexual functions, intolerance to urethral or rectal exploration, are all evidences of possible future trouble, even when there is yet no residual urine or change in the urine itself, or perhaps even a demonstrable enlargement on examination. In every case of functional disturbance in elderly men, a detailed examination should be made and every evidence of kidney, bladder or urethral trouble should, if possible, be modified or eliminated. Moderation in all things should be the watchword. The careless chilling of the body surface, wetting of the feet, rough journeys by stage or horseback may sometimes cause such an exacerbation of symptoms that operative interference will be necessitated. In dietetic management the common-sense judgment of both doctor and patient should determine the articles most valuable and wholesome for each individual case, except that in all such cases the plentiful use of water as a beverage is advisable, and where a stimulant is desirable, whisky is the least harmful. To modify the symptoms of bladder irritability and prostatic tenderness, medication is sometimes useful. Salol and eucalyptol often gives pronounced relief. Fl. Ext. of Saw Palmetto, given for some period of time, is of undoubted benefit in allaying symptoms, and possibly, as claimed, lessens the size of the gland, but where used continuously is apt to be depressing and should be combined with nux vomica or strychnia. Ergot, in 10 to 30 m.m. doses several times a day for a short time, will often relieve prostatic congestion.

Where there is residual urine, with perhaps some atony of the bladder, strychnia is of especial benefit, but should be used intermittently, and in every case special care should be given to the bowels, using preferably as a laxative some aperient water, salts, or mild drug, such as cascara or rhubarb.

If the bladder should show evidences of infection, prompt and continuous efforts should be made to alleviate or cure the condition by the use of irrigations or internal administration of drugs.

Procrastination at this time may mean a rapid deterioration of general health and such distressing local symptoms that only operative interference will likely benefit. Where acute retention occurs as a result of exposure to cold or variations in temperate habits of life, the catheter should be used, but only under the most rigid precautions as to surgical cleanliness, not only of the catheter, but the hands, glans penis and urethra. I believe if more specific attention to every detail was observed in such cases, the use of the catheter

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could be dispensed with in a short time, or at most only an infrequent application be necessary.

Where the partial retention becomes chronic and residual urine increases, necessitating the regular use of a catheter, the danger to the patient materially increases, especially where the operation is necessary several times a day, or where there is difficulty in passing the instrument, or pain is experienced. Yet, withal, I believe where proper care and intelligence is displayed by both patient and surgeon, many an individual can live out his years in comfort and safety and yet use the catheter several times during each twenty-four hours.

Harrison and Lydston have shown that the catheter life of most men generally so treated is from four to five years, and if the most rigid care is not exercised, infection, with all its attendant ills, will sooner or later occur, and this should all be carefully explained to a patient, not only to determine the methods of procedure, but to clinch more decidedly the arguments for careful living and asepsis.

While advocating most strenuously the careful palliative treatment of all cases of prostatic enlargement, I believe it is not wise to temporize too long when a patient shows signs of failure in general health or where there is clear evidence of increasing interference with the functions of the bladder, ureters or kidneys. Prostatectomy is then clearly indicated and magnificent results can certainly be obtained. But my plea is—do not make prostatectomy a fad, but a well-advised procedure. Make every effort to lessen that percentage of sufferers below the 1 in 20 mark. Give the elderly man a chance to make good his profit in years. Make not of old age a period of despair, but rather a time for serenity and comfort.

Intramural Abscess of the Postpuerperal Uterus.

George H. Noble, Atlanta, Ga. (Journal A. M. A., February 2), has found reported in the literature eleven cases of intramural abscess of the uterus occurring after parturition, in addition to eight of his own observation, four of which were personally reported by him. The abscess occurs at the end of the second week or a little later, after the acute symptoms of sepsis have passed and when the cavity of the uterus is apparently free from infection and debris. If the Fallopian tubes and uterine cavity are not infected and the uterus is firm in texture, the diagnosis is not likely to become confused unless it be with thrombophlebitis. Pelvic examination is negative except in thin or relaxed walls. A single abscess seems like a round, deep-eated tumor, but is more elastic and less distinctly outlined. The location is most frequently in the posterior wall, near the fundus, and is subperitoneal or just under the outer muscular layer. The common freedom of the appendages shows that the infection passes along the lymphatics or blood vessels. These abscesses are most accessible from above the pelvic brim, even if it is desirable to drain below. Expectant treatment is hopeless. They should be treated on general surgical principles, except in case of multiple abscesses in which the chances of successful drainage are doubtful, and the uterine musculature is generally infected. In such cases hysterectomy is the only recourse. In the nineteen cases, hysterectomy gave a mortality of 25 per cent., while in all the drainage cases the patients recovered.

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THE STOMACH AS SHE IS

By SUSAN E. BRUCE, M. D.
Lewiston, Idaho

Ladies and Gentlemen:

Are we expected this evening to be sublime or ridiculous on the subject of that anatomical and physiological catch-basin, the stomach?

Why should I weary your thoroughly informed perceptions with a dissertation on muscular fibre, coats serous and mucous, and secretions of which I know next to nothing, and distrust what I know? "Is thy servant a dog?" that she should be sustained by the dry bones and scientific experiments, or rendered inane by sugar?

What is the stomach? Sociologically considered, it is the "Autocrat of the Breakfast Table," and the avenging fiend of late suppers. It is at once the "overhanging sword" and the "writing finger." Is there one among us so fortunate, or so discreet, who has never in the fullness of his heart and the washbowl relegated the unruly organ to the mythological land of unbearable temperatures?

Again, it is the very serpent's tooth of ingratitude. Throw it a crust, and figuratively kick it out to shift for itself, and it bobs up smiling and fit. Employ a *chef* to cater to its idiocyncracies, and it turns and rends you, till you are as bald-headed as John D. It will furnish you, without notice and free of charge, enough hydrochloric acid to set you up in any business where that commodity is useful. Or it will remain as sweet as mother's milk throughout a long and consequently happy life.

It is exactly like the British sailor's summing up of the "eternal feminine": "Take my oat', on this whole earth, dere hain't no two of 'em halike."

Recall to mind the sacred wonder of our callow days as to why "in the pride of its strength and the power of its might," it did not use itself up entirely. Now! Now! When we have lived with it, worked with it, and for it, until the toes of our new-born mornings pinch the heels of our evenings, in the whirligig of our diminishing span, how earnestly and sincerely we wish it had.

Considered as an entity, its politics are republican, as it unblushingly stows away everything within reach, and stirs up the whole interior of the community if disgorgement is even hinted at. In religious persuasion it is a hard-shelled Baptist, as it communes with itself and utterly ignores other stomachs as too high or too low for its consideration. In sex it is invariably feminine, as it is the acme of unreasonable inconsistency, and always prepared to meet your boasted panaceas with derision, and retires in triumph with a mustard poultice; and, again, you have not the remotest idea as to the next move.

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Let us have done with it. Let us, like the Lewiston Common Council, abjure the catch-basin and rely upon the sewer.

Oh, dawn of happy days! We have the surgeon on one hand and unlimited supplies of predigested food on the other. Let us begin early! Consider its extirpation in infancy. What quantities of cheese curds would be yearly added to the assets of the nation. If a patient occasionally died, what about it? The operation can be successfully performed, and babies die of indigestion daily.

O course, there is as yet little data as to just how long an individual can live without a stomach; neither is there, as to how long he may live with one. Railroad accidents will yearly make a better showing than the most skillful surgeon.

Let us, then, be up and cutting,
With an eye to every curve,
Though the stomach keeps on butting,
And the knife should chance to swerve.

Other cutting bouts have taught us
How to play the little game,
So we feel that those who've sought us
Still may live to bless our name.

In conclusion: As an all-round prescription for a refractory stomach, I know of none better than that of an old Yankee to his indolent son, who was always growling with heart-burn: "If you'll just hoe along your row, and keep a rubbin' your navel with a fastin' spittle, you won't have no heart-burn."

Diagnosis of Early Pregnancy With Reference to a Particular Sign.

Louis J. Ladinski claims that it is always possible to make a positive diagnosis of pregnancy as early as the fifth or sixth week when intrauterine. The diagnosis is made by a single sign. This is the appearance of a spot of a peculiar softness and elasticity just above the junction of the body and cervix in the anterior wall of the uterus, in the fifth or sixth week. When the uterus is retroverted or retroflexed it appears in the posterior wall, and at the sixth or seventh week of pregnancy. In incomplete abortion or subinvolution this area of softening appears, but is much more doughy and less elastic. With a hard fibroid in the upper portion of the uterus there is a similar spot, but the softness is only relative. With a soft myoma in the front of the uterus the feeling is exactly that of pregnancy. The sign must be sought by bimanual palpation. Absence of this sign absolutely excludes uterine pregnancy. The sign aids in making a positive diagnosis of extrauterine pregnancy by excluding uterine pregnancy. It is in all probability due to extreme vascularity of the uterine wall at the point where it is felt.—Medical Record.

A gradually increasing anemia in an elderly person, without any other symptoms, is highly suggestive of a latent carcinoma, often in the intestine.—American Journal of Surgery.

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Medical Societies

Portland City and County Medical Society.

The City and County Medical Society met in the auditorium of the Chamber of Commerce Building, March 6th, 1907, and was called to order by President Yenney.

Minutes of the previous meeting were read and approved.

Members present—Drs. Louis Buck, S. D. Briggs, Gustav Barr, Mae Cardwell, R. J. Chipman, J. S. Courtney, F. H. Dammasch, Eaton, Theo. Fessler, J. P. Goray, Daniel Grant, Fred Gullette, W. B. Hamilton, L. H. Hosmer, W. B. Holden, W. F. Hubbard, Wm. House, C. E. Hill, G. O. Jefferson, A. H. Johnson, King, E. J. Labbe, Sanford Loeb, Manion, Ralph Matson, M. B. Marcellus, R. J. Marsh, C. C. McCornick, C. J. McCusker, Herbert Nichols, O. P. S. Plummer, D. H. Rand, A. E. Rockey, J. B. Roth, S. H. Sheldon, A. C. Smith, A. W. Smith, A. Tilzer, G. S. Whiteside, White, Wood, Robt. Yenney.

Visitors—Drs. Gold, Hyde, Jones, Payne, Stearns and Mr. Bozillion.

Proposals for membership—Dr. H. D. Gold, graduated Temple College, June 13, 1905; recommended by Drs. F. H. Dammasch and Alan Welch Smith.

Dr. Perry J. Payne, graduated at Rush Medical College June 15, 1904; recommended by Drs. D. H. Rand and A. W. Smith.

Election of members—Dr. N. W. Jones, graduate of Rush Medical College June 21, 1901. Elected to membership by a nnanimous vote.

The paper of the evening was read by Dr. Tilzer and appears elsewhere in this issue.

Dr. Whiteside opened the discussion. He said that years ago, when Pasteur proved germs to be the cause of one disease after another; reasoned that each new disease investigated must be due to an infecting germ or ferment, because of its analogy to yeast ferment, and so I think we may at the present time reason from analogy that syphilis is caused by a germ, in spite of the fact that many able men have tried to demonstrate its specific organism without success. It has been well known for a long time that animals are immune to syphilis and cannot be inoculated with its virus. The only exception to this general rule that has been conclusively proved is in the case of the animal which is nearest to man, namely, the Anthropoid Ape. This fact has placed an almost insurmountable barrier to experimental investigation in syphilis. Dr. Tilzer has enumerated the different micro-organisms which have from time to time been thought to be the cause of syph present when very strong claims, with apparently reasonable foundation, are put forward for the Spirocheta Pallida. This parasite is not a vegetable organism but belongs to the animal kingdom. It has never yet been propagated on artificial nutrient media in the laboratory. This fact also makes it impossible to demonstrate that it will conform to the most important of Koch's requirements, namely, that a pure culture of a germ may be inoculated into an animal and produce the disease. Clinically I have found it in many cases of undoubted syphilis and in some doubtful ones by scraping off the superficial layers of epithelium of some syphilitic lesion just as one does in scarifying previous to vaccination. It is important to obtain only serum and not blood. The germ is found in the serum but not in the red

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blood corpuscles. It has been demonstrated in almost all the tissues of the body and in almost all varieties of syphilitic tissue. It seems to me that it is of extreme importance as a factor in diagnosis. One sees many lesions which are of a doubtful nature. If this germ is the true cause of syphilis and can be demonstrated in any particular case, which is clinically doubtful, then the true nature of the infection is made clear beyond question. I believe we are justified at the present time in placing considerable faith in such a demonstration. By and by this discovery may lead us to the logical result, namely, the discovery of some method of vaccination to produce an artificial immunity to syphilis. I have been very much interested in Dr. Tilzer's excellent paper, and I think we all owe him our thanks for bringing this matter to our attention this evening."

Dr. Matson gave a microscopic demonstration, and said: "The technique which I have found most satisfactory, and the one now used in the Pasteur Institute, differs from the Italian method in the fact that the impregnation by silver nitrate with the same ultimate reduction is applied to the pieces of organ previously fixed in formaline, and is the same as the method recommended by Raymond Y. Cajal for the staining of nerve fibres. By this means it is reasonably easy to obtain good specimens of the Spirochetae.

"Pieces of the organ 1 m. m. in thickness are fixed in 10 per cent of formaline for 24 hours, washed in water and hardened in 96 per cent alcohol 24 hours; washed in distilled water until pieces fall to the bottom; impregnated with silver nitrate solution, preferably 3 per cent at 38 c. and continued for three to five days; washed in distilled water and reduced at room temperature for 24 to 48 hours by the following solution:

Acid Pyrogallic, 2 to 4 per cent.
Formaline, 5 c.c.
Distilled water, 100 c.c.

Then wash in distilled water, dehydrate by alcohol, place in xylol, mount in paraffin, and cut in sections very thin. These sections are stained by one of the following methods: (1) By a mixture of Giemsa for several minutes; wash in water, counterstain in absolute alcohol, to which is added several drops of essence of cloves, clear in essence of bergamot, and xylol; mount in Canada balsam. (2) A concentrated solution of Toluidin blue; counterstained by alcohol to which is added several drops of mixture of ether and glycerine clear of essence of bergamot; xylol, and mount in Canada balsam.

"This will give specimens with the spirochete stained more or less dark. The nuclei of the epithelial cells, leucocytes connective tissues take a blue stain, while the fundamental substance of the connective tissue and muscle is stained green. The specimen shown was stained according to this technique. It is highly essential that the specimens be placed in a fixing solution not later than nine hours after removal; otherwise it is impossible to demonstrate the spirochete.

"The other specimen is stained according to Goldhorn's rapid method, which in my hands is far superior to either the Giemsa or Marinos mixture. The stain is prepared by dissolving one gramme of lithium carbonate in 200 c.c. of water; add two grammes Mercks Medicinal, Grublers B. X., or Kochs rectified methyline blue. This mixture is placed upon a double boiler and heated until a rich polychrome has formed. Care must be taken not to allow this process to proceed too

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far, as a useless thin watery fluid with a lumpy residue may be the result. Then filter through cotton and allow to cool. To neutralize, one-half of the fluid is slightly acidified witn 5 per cent solution of acetic acid and then added to the remaining half. A one-half solution of French eosin is slowly added until the filtrate from a filtered sample is of a pale blue color, with a slight fluorescence. After standing several hours, filter through a double layer of heavy filter paper and the precipitate allowed to dry at room temperature. The dry precipitate is pulverized and dissolved in commercial alcohol. Let stay two days and filter.

"Technique for staining: Take, for instance, mucous patch on tongue or lip; with large curette scrape the surface on the edge of the papule until serum appears; obtain the material by employing a platinum wire and smear upon a clean glass slide or make an impression smear by touching the lesion with slide. Allow smear to dry spontaneously. Apply stain to the unfixed smear; after allowing stain to cover slide for 4 or 5 seconds, pour off and introduce slide into a clean glass of water at room temperature. The slide should be put into the water in a slanting position with film down. Hold in this position for three or four seconds and gently wave through the water 3 or 4 ilis and has brought us down to the times after this time has elapsed. Specimen should be dried by shaking in the air. It is necessary to hold slide very stationary in the water after first 3 or 4 seconds. Owing to the difficulty in preparing this stain, Dr. Goldhorn has placed it on the market, and it can be procured from Woodard & Clarke, whom I had send to New York for a supply.

"Seigles cytorrhycetes luis seems to be another stage of the Spirochete pallida. It is interesting to note that the Spirochete pallida is the only so-called spirochete which has flagella at one or both ends. Other spirochete have an undulating membrane, and on account of these differences pallida is set apart from the genus spirochete, as well as from the spirillum, the former being devoid of flagella, the latter having bunches of terminal flagella. Pallida is evidently a new genus, unquestionably being of the animal kingdom (protozoa) of the genus Treponema and of the species Treponema Pallium. It is extremely delicate, weakly, refractile, spiral or corkscrew-shaped, possessing from 3 to 14 curves; it is from an immeasureable to ¼ m.m. in diameter; the bends are acute, resembling saw teeth, and the ends are pointed. These serve to distinguish it from a large number of spirochetes found in normal secretions of the body.

"Great caution must be taken in searching for spirochetes of mouth lesion, for a great many non-pathogenic spirochetes are found constantly in the mouths of healthy people, some of these bearing a close resemblance to the spirocheta Pallida.

General Discussion.

Dr. Hyde said that he read an article where an assistant, while treating monkeys with Spirocheta, had become inoculated, producing syphilis. The article went on to say that it was thought that a serum may be produced for a cure of syphilis: also recited a case of a man 79 years old who had previously had syphilis before inoculation, and who after inoculation did not develop the disease.

Dr. Bear said that a member of the Academy of Science of Vienna found Spirocheta in 60 cases examined.

Dr. Buck said he read an article

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where the Spirocheta was found in two out of forty cases of Gumma.

Miscellaneous.

Dr. Rockey presented an instrument for use in administration of operations on the face, jaws or mouth. He devised this instrument by first using a large trocha, which was slightly curved and rounded at the end, passing it back into the larynx the other end being covered by a rubber inhaler. The new instrument is constructed along the same lines, having a long curved shaft with a rounded end for passage into the larynx. The exposed part, a funnel shape cavity covered with wire made of metal, closed on the inside to prevent the dropping of the anaesthetic into the throat. One of the chief uses being for excision of Gasserian ganglion.

Dr. Eaton, commenting on the apparatus, said it was very interesting to a specialist, and that Dr. Crill already had such an appliance on the market which was proving quite a success. This differed from Dr. Rockey's by being a Y-shaped tube, which is also passed down into the larynx and the mouth filled with cotton to hold it in position.

The secretary read the report of the committee in reference to securing quarters for the organization.

Dr. Labbe moved that we accept the report and accept the offer of $75 per month for 1000 feet floor space. Seconded by Dr. Whiteside and carried.

Dr. Goray said he thought a committee should be appointed to consider the location, as he fears the first floor would be very dark; also to see if a lease can be secured. Carried.

Dr. White moved that the society publicly express their appreciation to Senator Daniel Malarkey for services rendered, and that the secretary be instructed to write him to this effect. Carried.

Moved to adjourn. Carried.

ALAN WELCH SMITH,
Secretary.

Portland City and County Medical Society.

The City and County Medical Society met in the Auditorium, Chamber of Commerce Building March 20, 1907, and was called to order by President Yenney.

Minutes of the previous meeting were read and approved.

Members present—Drs. Amos, Briggs, Buck, Bristow, Coffey, Courtney, Cardwell, Dammasch, Eaton, Grant, Hamilton, Hill, Holden, Hubbard, House, Irvine, Johnson, Jones, Labbe, Manion, Marcellus, Matson, Marsh, Nichols, Ostrander, Pohl, Roth, Rand, Spencer, Smith, Timms, Tilzer, Williamson and Yenney.

Visitors—Drs. Ellis, Payne, Wiley and Ziegler.

Proposals for membership—Dr. Robert Ellis, 304 Columbia Building, graduate of Harvard Medical College, June 25, 1902. Recommended by Drs. R. J. Marsh and R. C. Yenney.

Dr. A. M. Webster, 1575 East Thirteenth street, graduate of University of Minnesota. Recommended by Drs. R. P. Robbins and J. A. Pettit.

Election of members—Perry J. Payne, graduate of Rush Medical College, June 15, 1904; elected to membership by a unanimous vote.

Application of H. D. Gold was favorably considered by Board of Councillors, but secretary received a letter from applicant withdrawing the same because of his determination to return to his home in the East.

The paper of the evening was read by Dr. W. T. Williamson, viz: "De-

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mentia Precox as a Defense for Crime."

The paper was one of instruction, clearly defining this disease. Dementia Precox is a provisional name given under the impetus of improved modern investigation, to a recently selected classification of certain phases of insanity, coming as a sub-division of Paranoia. Kraepelin, the leader of investigation in the field for the past twenty years finally submitted three forms of groupings under the single name of Dementia Precox, literally meaning too early ripened, which points to its significance as pre-senile decadence.

The delusions in Paranoia are logical and systematized, those of Dementia Precox tend to the illogical and lack continuity. In Dementia Precox the mind is too weak to sustain delusions strong enough to enable them to commit a crime requiring premeditation, purpose and plan of detail. Absence of detail, absence of motive, immediate indifference to the act committed, are cardinal points in the diagnosis of this disease.

The author does not think such cases as Harry Thaw characteristic of Dementia Precox. He pays his respects to the experts employed in this special case. It is not creditable to the honesty and integrity of an expert witness to have it said that he carefully protected the interests of his side during his examination, for when he turns from being a mere witness and becomes an advocate, he turns his back on scientific truth and becomes a perjurer. Again, he says, it is a sad commentary on professional respect and standing that physicians on the respective sides will give diametrically opposite answers to the same hypothetical question and thereby hold the profession up to the public ridicule and contempt.

Discussion.

Dr. House was requested to open the discussion. He said that the paper just read was the clearest cut and most comprehensive description of Dementia Precox that he had ever heard, not excepting the text books. Dementia Precox is a new classification that has come, and seemingly to stay, but which in his opinion has not in the least aided us in understanding the numerous classifications of insanity. Said when a crime is committed by one suffering from Dementia Precox, it is done by the influence of impulse, and not of purpose, and when such crime is committed, he is not responsible for the act. Commenting upon the medical expert, he said so long as we have differences of opinion upon the witness stand, so long we may expect different testimony.

Dr. Eaton said that frequently the oculist is called in by the neurologist to examine his patient. Said he did not like the term Precox, but thinks Adolescence more appropriate. Something should be done by us in the way of legislation to have the court appoint a competent board of alienists for examination of all such criminals, where their mental and moral sanity is questioned. When a man knows right from wrong he should be held responsible to some extent.

Dr. Yenney said he was interested in the histological make up of the brain and its conditions. Then by pathological changes we are in position to learn deviations from the normal. Speaking of Dementia Precox, said he thought it due to arrested development rather than found in one who never had a mind. Morality, he said, such as we see it now, may later be not so looked upon. Public opinion is changing, and we are becoming more liberal in our views.

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Dr. Williamson, in closing, said he regards the classification, the term Dementia Precox is simply an evolutionary advance, but which is too vague and hazy, for under such terms one could place two-thirds of our insane. The passage of a bill providing for a board of alienists is a good thing, for when employed in such cases the alienist should examine a case conditionally, that he be allowed to testify as to the facts in the case, and facts alone. Adolescence and senile dementia are very appropriately used. Dementia Precox is, however, not moral insanity, but more a matter of inheritance and in classification, the future w..l likely bring about many radical changes.

Portland Academy of Medicine, March 14th.

At the meeting of the Portland Academy of Medicine, at which Dr. A. E. Mackey read the paper on "Enlarged Prostate," which is published in this issue of the Medical Sentinel, the paper was fully discussed.

Dr. K. A. J. Mackenzie endorsed the use of the catheter when the patient is suitably instructed, but questioned the value of drugs. He believed that mortality rates would be greatly increased if considered over a longer period of time.

Dr. A. J. Giesy believed that there would be less trauma by the supra pubic method and thought that many of the symptoms were caused by the so-called middle lobe.

Dr. Binswanger referred to the possibility of calculi, and to the necessity of cleanliness of the catheter.

Dr. E. H. Parker related his experience with castration, which was favorable, and counselled moderation in operative interference.

Dr. Jones referred to the operation by castration, and discussed his own experience with operative interference.

Dr. Coleman, visiting from Tacoma, addressed the Academy.

American Medical Editors' Association.

The 38th annual meeting of this Association will be held at Atlantic City on Saturday, June 1st and Monday, June 3rd, with headquarters at the Marlborough-Blenheim Hotel. This active Association now numbers nearly 150 members, with many applications in hand for action at the coming meeting. An interesting program has been prepared, and the following are among the papers to be presented:

President's Address—The Future of Medical Journalism. By Jas. Evelyn Pilcher, M. D., Ph. D., L.L.D.

Shortcomings of Physiology, the Chief Obstacle to Medical Progress; The Need of Editorial Intervention in Such Questions. By C. E. de M. Sajous, M. D., Philadelphia, Pa.

How Can We Make Medical Journalism Better? (a) For Our Readers; (b), For Our Advertisers; (c), For Ourselves. By W. C. Abbott, M. D., Chicago, Ill.

A Word or Two From an Ex-Journalist. By Samuel W. Kelley, M. D., Cleveland, O.

The First Medical Journals. By O. F. Ball, M. D., St. Louis, Mo.

The Psychology of Medical Journals from the Reader's Standpoint. By T. D. Crothers, M. D., Hartford, Conn.

Further Reflection on the Official versus Independent Medical Journals: One Year's History. By Wm. J. Robinson, M. D., New York City.

Journalistic Suggestions from a Semi-Disinterested Standpoint. By Wm. Porter, M. D., St. Louis, Mo.

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The Situation. By C. F. Taylor, M. D., Philadelphia, Pa.

Some Aspects on Medical Journalism. By W. F. Waugh, M. D., Chicago, Ill.

The Neglect of American Mineral Springs and Climatic Resorts by Our Medical Press. By G. T. Palmer, M. D., Springfield, Ill.

A Few Feeble Remarks. By W. A. Young, M. D., Toronto, Ont.

The American Medical Editors' Association, Past, Present and Future. By Joseph MacDonald, Jr., M. D., New York City.

On account of the largely increased membership of this Association, it is anticipated that the coming meeting will exceed any prior meeting in point of attendance.

The Annual Editors' Banquet, which is always the social event of the week will be held at the Marlborough Blenheim Hotel on Monday evening, June 3rd.

The Physician's Duty.

On April 15th, Dr. W. M. R. Kellogg, of Seattle, the secretary of the Washington Association for the Prevention and Relief of Tuberculosis, delivered a public address in Seattle, in which he said:

"The physician has a duty. The patient must be duly instructed that the disease is a communicable one, and that with careful hygiene and a common sense method of life it is also a curable disease. The doctors in this state are lax in one regard. They do not report cases of tuberculosis to the health officers. In Maryland, the physician is given a fee of $1.50 for reporting a case. The result is that Maryland has more cases of tuberculosis reported than any community of similar size in the world. Unfortunately, I am informed, on good authority, it is against the policy of this state to pay for such services from physicians. No great advantage can be made in preventive measures until the cases are reported and recorded.

"It would seem very essential that cases of this kind which often drag on for months and years should have even stricter supervision than many cases of some acute contagious diseases. Perhaps this failure on the part of doctors to report cases is due to the fact that no action is taken by the health authorities upon receipt of this notice from the doctor.

"Dangerous contagious diseases are at once placarded and the doctor sees that his notice has done some good. If the Health Department did no more than post rules governing disinfection and regulations concerning care of tuberculosis individuals, in the houses of patients, I believe the doctors would report these cases more generally. In Maryland, following the report of a case, the physician is given sputum cups for his patient together with literature bearing on the prevention of the disease upon requisition to the State Board of Health.

"To illustrate the dangers of the present situation in Seattle a few personal experiences may be of value. A lady suffering from tuberculosis occupied a room with her husband in one of the best known private hotels in Seattle. She was for months unaware of her condition and was only brought to a realization of it by the occurrence of a severe hemorrhage. She later left the hotel. The room was not disinfected. The next occupant of that room is in constant danger of contracting tuberculosis. Another woman, a physician by the way, with advanced tuberculosis of the lungs, had tried in vain to obtain admission to various hospitals in Seattle and had wandered from one boarding place to another, but was not allowed

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to remain long at any one place. In desperation she sought one of the cheaper hotels in the center of the business section and begged to be allowed to remain. She was given a room and stayed there for some time. When she left the room was infected; it must have been; but the next person given that room will all unsuspectingly occupy the same bed and run a great risk of contracting the disease. Another consumptive changed his residence. He wished to sell the furniture in his house. This was done. The family who came in did not know that they were occupying an infected house and were in great danger.

"Tuberculosis is essentially a house disease, as I will show you was the case in the 'Lung' block in New York City. Both rooms in the hotels should have been fumigated by the Health Department before any other person was allowed to occupy them, it should have been fumigated very carefully. A recent ruling of the Board of Health provides for such fumigation upon request. New York City has had regulations like this for many years. The health officer is not at fault. I have often talked to Dr. Calhoun about this. He does not have a force of assistants large enough to allow him to fumigate every room in this way. The Board of Health is not at fault, for they thoroughly appreciate the value of such fumigation. They are not allowed an appropriation by the city council large enough to warrant them to instruct the health officer to fumigate all such rooms. And so it comes back after all to a question of shortsighted economy. The council says to the Board of Health: 'You spend $35,000 this year and where does it go?' Work done by a Board of Health is not of a kind to attract much newspaper comment. It is systematic, conscientious and unostentatious in character and much of it is done away from public gaze, almost we might say in the back waters of human life.

"One member of the Seattle Board of Health recently told me how it was necessary to work for a year for the appointment of a special meat inspector whose business it would be to prevent the sale of tuberculosis meat from the packing houses of Seattle. Under the direction of Dr. Hess, chief inspector of the local government inspector service, the members of a council committee were shown a carcass of a tuberculosis animal. Apparently the meat seemed perfect, but a skillful stroke of the doctor's knife showed the broken down cheesy tuberculosis glands, many of them full of pus, running along the entire spine of this animal.

"The appropriation for this meat inspector was obtained soon after, and the men who saw the demonstration say they did not feel like eating meat for some time thereafter.

"And so I say that the Health Officer and the Board of Health are alive to the situation and would act if funds were available. It is only failure to realize the importance of this question and lack of interest on the part of the council that makes appropriations so small. The city council has a vast amount of business to do and in a growing city like this, in the rush of routine business, the importance of this question is likely to be overlooked. What is true of the Health Department is undoubtedly true of all city departments. Many of them are running short-handed and extra demands are made all the time. While some calls for appropriations may not be justified, this one is certainly important enough to challenge attention.

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"To sum up. Tuberculosis is a communicable and a preventable disease. The patient and the patient's family have a duty toward the public in destroying the sputum of the consumptive. The doctor owes it to the community to report these cases promptly to the Health Officers, and fumigation should follow every death or removal of a tuberculosis patient. Tuberculosis of the lungs is a curable disease, especially in its early stages, and there should be provided sanatoria for these cases in this region. The whole subject of the prevention of this disease and its treatment is a tremendously large one. It already has a vast literature of its own, and in working out its problems a special set of workers is being evolvel. In educating the public in regard to this question lies the solution of the whole matter. In time tuberculosis may be practically stamped out."

Dermatological Transitions.

Omar M. Wilson says that we overlook the fact that in skin diseases there may be a gradual transition from one process or diseases into another. There may be transitions of disease, true and false, and transitions of lesions. False transitions occur when a new lesion or disease is grafted upon an existing one. An example is the change from gumma to epithelioma. These may be due to traumatism from scratching or picking, as from scabies to eczema. A true transition takes place when there is a gradual evolution from one process or disease into another. Eczema, pemphigus, or psoriasis may change to pityriasis rubra; urticaria, scabies, or eczema into dermatitis herpetiformis; eczema seborrhoeicum to mycosis fungoides; eczema to Paget's disease; rosacea to rhinophyma; specific glossitis to tubercular syphilide, etc. Examples in clinical cases are given by the author. Transitions in lesions are exemplified in xeroderma pigmentosa changing to warty growths. These changes are varied and innumerable, necessitating careful study of each case. The author hopes that study of transitions and metabolic conditions as a cause of skin diseases will lead to better diagnosis and simplification of nomenclature.—Medical Record, April 20, 1907.

Observations on the Treatment of Tuberculosis

Isaac W. Brewer makes a plea for more care in selecting tuberculous cases to be sent to Arizona, and urges that only such be sent as have means to secure proper food and comforts. Such being the case, the patient has a better chance for recovery than in any other part of the country. He gives a concise statement of the advantages and possibilities of the different health resorts of the state. The cost of living is great, and the chief cause of failures to recover is the sending of cases that are too far advanced, and the lack of money to buy proper food and to secure comfortable accommodations. From improper conditions patients become despondent, and there is a great lack of congenial society, and of forms of entertainment. It is not possible in most instances to rough it even in this climate, and exercise, especially on horseback, is not desirable in the high altitudes where towns are situated. The well managed tent colonies are the most favorable places for treatment. There are such at Yuma, Phoenix, and Prescott. There is little employment that can be secured by consumptives. Incipient and early cases only should be sent.—Medical Record, April 20, 1907.

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Book Reviews

A Study of the Human Blood Vessels, in Health and Disease. By Arthur V. Meigs, M. D., Physician to the Pennsylvania Hospital, with 103 original illustrations. Philadelphia and London: J. B. Lippincott Co. Price, $5.00.

The author of this work tells us that in the latter part of the year 1899 a fire destroyed every unsold copy of his book on "The Origin of Disease." The publisher soon afterwards asked if he would not issue a new and perfected edition. The author thereupon made an examination of the work, and concluded that one of the best parts of it was the chapter on blood vessels, and that it was also the most imperfect and incomplete. When he studied the subject matter, the origin of disease, and the secondary subject, the diseases of age, he found his descriptions of the anatomy and pathology of the blood vessels were inadequate, and, besides, new facts had been accumulated. For many reasons he believed it not the wisest thing to issue a new edition of the earlier work, but to write on the subject of the human blood vessels, and that their discussion must not be confined to their pathology, but must include their anatomy. The author has drawn almost exclusively on his actual experiences for his illustrations. While he was collecting the valuable material described and illustrated, he either made the autopsies, or was present when they were made. Much information which the reader looks for in vain in text-books of anatomy and histology, will be found in this book. The study of human blood vessels is a great one, and the obstacles are almost innumerable, but Dr. Meigs has succeeded in throwing much light on this most fascinating subject—light that will be of practical value to those who avail themselves thereof.

The Practical Medicine Series, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Vol. X. Skin and Venereal Diseases; Nervous and Mental Diseases. Edited by W. L. Baum, M. D.; Hugh T. Patrick, M. D.; Wm. Healy, A. B., M. D. Series 1906. Chicago: The Year Book Publishers, 40 Dearborn street.

During the past year we have had much pleasure in passing these volumes in review, and have found them of much value and interest. They contain extracts from the latest articles on the subjects with which they deal—articles that to the ordinary practitioner are hidden away in inaccessible places. This volume before us is of a very practical character, as it relates to diseases especially common, and often very puzzling to the diagnostician, who will be grateful for the light thrown on them by these luminous pages.

Manual of Clinical Chemistry. By A. E. Austin, A. B., M. D., Professor of Medical Chemistry and Toxicology in the Medical Department of Tufts College, Boston. Boston: D. C. Heath & Co., Publishers, 1907. Price, $1.75.

The author seeks in this work to make a short cut for the benefit of the student, who ordinarily goes through Medical Chemistry, Physiological Chemistry and the chemistry which gives one the modern methods of analysis for clinical purposes, with the inferences to be drawn from the presence of all abnormal constituents of bodily secretion, both bacteriolog-

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ical and chemical. This writer seeks to combine the practical parts of the three routes which the student travels to equip himself with the knowledge he needs, and here ignores, as far as is possible, all which is not of direct benefit to the medical man. It takes the reader from the elements of the body, through their various stages of combination, to the finished product, man; it shows how this combination takes place, and how its progress is sometimes interrupted. There should be a place for such a work.

Diseases of the Eye. A Handbook of Ophthalmic Practice. By G. E. DeSchweinitz, M. D., Professor of Ophthalmology in the University of Pennsylvania. Fifth edition, revised and enlarged. Octavo of 894 pages, 313 text-cuts and 6 chromo-lithographic plates. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $5.00 net; half morocco, $6.00 net.

Dr. deSchweinitz's work on the eye is so well known that anything but a mere mention of the new edition seems superfluous. The success it has achieved is readily accounted for if one but glance through its contents. In this edition, enlarged by the addition of new matter to the extent of some one hundred pages, there have been added, amongst other subjects, chapters on the following: X-ray Treatment of Epithelioma, Xeroderma Pigmentosum; Purulent Conjunctivis of Young Girls; Jequiritol and Jequiritol Serum; X-Ray Treatment of Trachoma; Infected Marginal Ulcer; Keratitis Punctata Syphilitica; Uveitis and Its Varieties; Eye-Ground Lesions of Hereditary Syphilis; Macular Atrophy of the Retina; Worth's Amblyoscope; Stovain, Alypin; Motais' Operation for Ptosis; Kuhnt-Muller's Operation for Ectropion; Haab's Method for Foreign Bodies; and Sweet's X-Ray Method of Localizing Foreign Bodies. Other chapters have been rewritten. The excellence of the illustrative feature has been maintained and thirty-three additional text-cuts have been added. Dr. deSchweinitz's work was long ago recognized as an authority and this new edition goes a long way in strengthening its reputation, if any strengthening be needed.

Grayson's Laryngology. The Diseases of the Nose, Throat and Ear. By Charles P. Grayson, M. D., Clinical Professor of Laryngology, Medical Department, University of Pennsylvania. New (2d) edition, revised and enlarged. Octavo, about 550 pages, with 152 engravings and 15 plates in black and colors. Cloth, $4.00, net. Lea Brothers & Co., Philadelphia and New York, 1906.

The distinguishing feature of Dr. Grayson's treatise on the Nose, Throat and Ear, in its first edition was the manifest skill with which he selected exactly what his readers would desire to know, and the exceeding clarity of his presentation. A mind which arranges knowledge in the order of its importance, and holds it clearly in view, is incapable of verbosity, and accordingly, the author has found space for the whole of a major specialty in a very convenient volume. This he has achieved while allotting exceptionally full consideration to the main objective, treatment. He has given constant thought to those who wish to know not only what to do, but also how to do it. Thus he has selected the best from the maze of possible therapeutics for each condition, and presented it in full detail, with modifications to suit complicated and exceptional cases. He has been guided by his experience in selecting

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those measures which have been most often successful in subduing the symptoms of a disease and shortening its duration. He has endeavored to approach the value of clinical instruction by dwelling at such length on each distinct detail of examination and of therapeutic technique that the reader shall miss the benefit of personal teaching as little as possible. The plan of a work so conceived is scarcely susceptible of improvement, hence the new edition adheres closely to it, embodying of course a thorough revision to the latest date, with much new matter and many new illustrations . It is a volume which appeals equally to the interest of students, practitioners and specialists.

A Manual of Otology. By Gorman Bacon, A. B., M. D., Professor of Otology in the College of Physicians and Surgeons, Columbia University, New York; Aural Surgeon, New York Eye and Ear Infirmary. With an introductory chapter by Clarence John Blake, M. D., Professor of Otology in Harvard University. Fourth edition, revised and enlarged. Handsome 12mo volume of 485 pages, with 134 illustrations and 11 plates. Price, cloth, $2.25 net. Lea Brothers & Co., Publishers, New York and Philadelphia, 1906.

It speaks well for the appreciation of this work by the profession that it has run to a fourth edition. In this new edition the author has improved and added to the illustrations, and has found it necessary to increase the number of pages to enable him to include all the important advances made in Otology since the publication of the last edition. Among the new topics considered may be mentioned Osteomyelitis, Primary Jugular Bulb Thrombosis and Suppurative Inflammation of the Labyrinth, while the portions treating on Leucocytosis, Lumbar Puncture and the Treatment of Facial Paralysis, have been entirely rewritten. In view of the importance of the examination of pus, especially in suppurative middle ear disease, the method of preparing smears from pus, the making of cultivations and the physiological inoculation experimentation will be found carefully considered in an appendix at the end of the volume. The author has endeavored to enhance the clinical character of the work so as to make it more than ever serviceable to both students and practitioners.

Chemistry: General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopoeia. A Manual of the Science of Chemistry and its Applications to Medicine and Pharmacy. By John Attfield, F. R. S., M. A., Ph. D., F. C. S., etc., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc. New (19th) edition, specially revised by the author to accord with the New U. S. Pharmacopoeia, edited by Leonard Dobbin, Ph. D., F. I. C., etc., Lecturer on Chemistry in the University of Edinburgh, etc. 12mo, 760 pages, illustrated. Price, cloth, $2.50, net. Lea Brothers & Co., Philadelphia and New York, 1906.

The original plan of this book has been strictly adhered to. Seventeen large editions in the United States and eighteen in Great Britain are an evidence of the approval of the professions of medicine and pharmacy in the two great English speaking nations of the world. The author's ideal has been to produce a Manual of Chemistry for Medical and Pharmaceutical students, one in which not only the science of chemistry is taught, but in which the chemistry of every substance having interest for the followers of Medicine and

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Pharmacy, at more or less length, and in proportion to its importance and its position in relation to the leading principles of Chemistry, is set forth with all attainable exactness.

Biographic Clinics. Vols. 4 and 5. Essays concerning the Influence of Visual Function, Pathologic and Physiologic, Upon the Health of Patients. By George M. Gould, M. D. Philadelphia: P. Blakiston's Son & Co. 1906 and 1907.

Dr. Gould is the busiest man engaged in the study and practice of Ophthalmology. His facile pen turns out a wonderfully large amount of thought-inspiring literature on the subject of eye-strain, and he is known as the most pronounced radical of them all upon this question. These two volumes consist chiefly of reprinted articles which Dr. Gould has contributed to various medical journals, and they are full of valuable suggestions. One cannot read these volumes without being convinced of the great earnestness of the author. He feels that he has a message of the greatest importance to give the public and the profession, and despite the fact that his views are met with skepticism and indifference from many quarters, he is not discouraged for a moment. He is delighted that his books heretofore published on this subject have made a decided impression; that progress is being made, and that there has been an outspoken conversion of a great number of general practitioners and specialists to his arguments. Where he meets with opposition—in quarters where he has reason to expect the reverse—he is not afraid to strike an occasional trenchant blow. For example—in his paper read at the last annual meeting of the American Ophthalmological Society—he took occasion to criticize the program of the meeting, and deplored the fact that there was not a paper on the program dealing with any phase of eye-strain. Concerning his own paper, he says in its concluding paragraph: "The single paper that, from the reputation of the writer, might be suspected of heresy is placed by the committee as the last brittle on the tail of the program." And then, to cap the climax, his paper was refused a place in the Transactions of the Society. Two journals devoted to Ophthalmology, after accepting the article, changed their minds and declined it with thanks. But the waif is here printed, and it is a highly entertaining "Study of the Contributions to Ophthalmology made to our Society during the last 31 years." We believe that the physician and the specialist can reap much aid from these most interesting, well-written volumes.

International Clinics, a Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, etc., by leading members of the Medical Profession. Edited by W. T. Longcope, M. D. Vol. 1. 17th series, 1907. Philadelphia and London: J. B. Lippincott Co.

The practitioner can always find a mine of valuable suggestions in this publication, and this issue is no exception to this rule. Such men are contributors to this volume as Drs. Barker and Bloodgood, of Johns Hopkins; Dr. G. E. DeSchweinitz, of Philadelphia; Dr. Gallant, of New York, and other equally well known men.

The Abdominal and Pelvic Brain, with Automatic Visceral Ganglia. By Byron Robinson, B. S., M. D. Frank S. Betz, Hammond, Ind.

This book is, practically, a treatise

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on the abdominal sympathetic nerves, a resume of views which the author has discussed in current literature for a decade and a half. The subject of gastro-duodenal dilatation, on which Dr. Robinson has studied and practiced for 14 years, is discussed in detail. Splanchnoptosia is presented from a practical view-point. Its physiology, anatomy, pathology, as well as its treatment, are dealt with, the views noted herein on this subject being the result of observation in 700 personal autopsic abdominal inspections and 15 years devoted to special labors in gynecologic and abdominal surgery. There is a wide range of illustration in this volume which will be found of great interest to the reader.

A Manual of Obstetrics. By A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women in the Medical Department of the George Washington University, Washington, D. C., and in the Medical Department of the University of Vermont, etc. Tenth edition, enlarged and thoroughly revised. 12mo., 668 pages, with 30 illustrations and three colored plates. Cloth, $2.75, net. Lea Brothers & Co., Philadelphia and New York, 1907.

This work is now beginning its second quarter of a century with its tenth edition, and it has thus spanned the most active and exacting period in medical history. No other obstetrical book has such a record. The author combines the faculties of a teacher and practitioner, and accordingly has ben able to select what is important and to present it clearly. Many of the chapters have been rewritten in view of newer methods, and this edition is certainly thoroughly up to date.

Dr. Edw. C. Register's New Book.

"Practical Fever Nursing" will soon be issued from the presses of the W. B. Saunders Co. of Philadelphia. Dr. Register is well known as the editor of the Charlotte Medical Journal, and as Professor of the Practice of Medicine in the North Carolina Medical College at Charlotte, N. C. He is a widely traveled, well read and a polished, dignified gentleman. He has always enjoyed a large and lucrative practice in his home city as well as in near-by towns and in adjoining states. From his varied and ripe experience in the profession, the Doctor is in a position to write authoritatively on the subject of "Fever Nursing."

Announcement.

The Journal of Inebriety, after 30 years of continuous studies of the disease of inebriety and drug taking, begins its new decade by entering upon a comparatively new field of physiological and psychological therapeutics for the treatment of these neuroses. Arrangements have been completed by which the Archives of Physiological Therapy has been consolidated and will hereafter be published as a part of The Journal of Inebriety. This very able monthly has been developing parallel lines of study with The Journal of Inebriety. In the opinion of its managers its scientific value would be greatly enlarged by concentrating its work along some special lines. The disease of inebriety and its allied neurosis is a field of most practical interest, hence The Journal of Inebriety is selected as a medium for continuing the work of The Archives of Physiological Therapy.

Henceforth, in addition to the various phases of this subject which The

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Journal has presented, the therapeutic effects of hot air, radiant light baths, electricity, massage, psychotherapeutic measures and other physiological means will occupy a prominent space. This effort to clear away the confusion and broaden the studies of therapeutic means for cure, will make The Journal of Inebriety one of the most practical and valuable visitors to every hospital and institution, as well as to all specialists who treat brain and nerve neurotics.

W. B. Saunders Company, of Philadelphia and London, have just issued a revision of their handsome illustrated catalogue of medical, surgical and scientific publications. Beyond question, this is the most elaborate and useful catalogue we have ever seen. The descriptions of the books are so full, the specimen illustrations are so representative of the pictorial feature of the books from which they are taken, and the mechanical get-up so entirely in keeping with the hgh order of the context. The authors listed are all men of recognized eminence in every branch and specialty of medical science. The catalogue is well worth having, and we understand a copy will be sent free upon request.

Treatment of Acute Cardiac Affections in Childhood.

Adolf Baginsky finds that acute cardiac affections occur in children in about two and a half per cent of the patients that are admitted into the Kaiserin Friedrich Hospital of Berlin, not including the cardiac complications of diphtheria and scarlet fever. He describes two cases successfully treated by himself. Pericarditis, combined with endocarditis in one case, were not cured by rheumatic remedies or cardiac stimulants, until to them was added the use of iodide potash internally, and mercurial inunctions externally. These remedies succeeded in removing the bad symptoms in a comparatively short time, and the patients were restored to a fair degree of health. There was a surprisingly rapid absorption of the serous exudate. The author believes that when there is an exaggerated amount of fluid in the pericardium, exploratory puncture and aspiration are useful to relieve pressing dyspnea and heart weakness. Vesicants over the cardiac area be believes to be too cruel a measure to use in children.—Medical Record.

Acute Edema of the Pharynx With Report of a Case Requiring Rapid Tracheotomy.

Goethe Link describes an interesting case of acute edema of the pharynx. The patient had become unconscious. The writer incised the tissues in the median line two inches above the sternal notch. He introduced his finger and worked bluntly to the trachea. He then introduced a knife, edge upward, along his finger. The trachea was then stabbed and cut slightly upward. After the knife was withdrawn, a closed hemostat was introduced into the trachea, was opened, and was pulled out after the manner of treating an abscess. A tube was then inserted. The patient had been suffering with a simple tonsilitis for ten days. The left tonsil had been incised a number of times during the illness. Acute edema developed. After the treatment described by the writer, the edema declined as rapidly as it had arisen. Within three hours the patient could talk when the tube was closed and air forced through the natural channels. The recovery was uninterrupted.—Medical Record.

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OBITUARY.

Dr. Ray P. Robbins.

Dr. Ray P. Robbins, of Portland, died at the St. Vincents hospital on the 16th ult. of cerebro-spinal meningitis. He contracted the disease several days before, and was immediately removed to the hospital. But he gradually grew worse, and soon lapsed into unconsciousness, from which he did not rally. This is a particularly sad death, because of the promise that Dr. Robbins showed in his chosen profession. He came to Portland three years ago from Minnesota, and opened an office on the East Side, in connection with Dr. Pettit. He was ambitious, and worked hard. He was very much liked by all who knew him, and perhaps sacrificed himself to his profession—as so many other energetic, ambitious young physicians have done before him.

Mrs. M. B. Wakeman.

The unexpected death occurred on the 24th ult. of Mrs. M. B. Wakeman, who was for twenty-one years superintendent of the Good Samaritan hospital of Portland. Three years ago Mrs. Wakeman retired from active participation of her duties at the hospital. The following editorial notice that appeared in the Oregonian will be endorsed by all who knew her:

"The announcement of the death of Mrs. M. B. Wakeman comes as a painful surprise to this community. For more than two-score years the name of Mrs. Wakeman was associated with the work of the Good Samaritan hospital. Her cheerfulness has in past years kindled hope in thousands of despondent hearts; her gentle ministrations during these years won a multitude of the sick and suffering back to health; and her intelligent administration of the house affairs of the hospital carried that institution safely over many trying financial experiences. Many a homesick invalid—

Knew her cheer
And blessed her from his couch of pain.

Though she did not live to old age, in the modern acceptance of that term, Mrs. Wakeman's span of years was well rounded out in usefulness. Gentle, sympathetic, intelligent, womanly, she lived, worked, left the stamp of her endeavor upon a generation, and has passed on, regretted and honored by all who knew her."

Theodore D. Buhl.

The sudden death is announced, on April 7th, of Theodore Buhl, president of the well known house of Parke Davis & Co. of Detroit, Mich. Mr. Buhl was well known throughout the commercial world as a man of great executive ability and of unwavering honesty. In the memoriam which was adopted by the board of directors of the company, reference is made to the fact that "the peculiar responsibilities and hazards of our work—our obligations as purveyors to the medical profession and to suffering humanity, were to him always a solemn appeal."

Old people should be allowed to sit up or get out of bed as soon after operation as possible, in order to avoid post-operative lung complications.—American Journal of Surgery.

In fractures of the base of the skull with bleeding from the ear it is necessary to keep the auditory canal absolutely clean in order to prevent infection of the meninges.—American Journal of Surgery.

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Extracts

Gaining Breadth of Vision.

I think an occasional day in the parks is worth more to a man than every day in the clinic; and an occasional day at the Art Institute is worth the price of an office hour. We've all got to earn our daily bread, to be sure, and this is no hardship. It helps to keep us decent. But life is a very large thing, and needs to be lived in a large way. There is no one so in need of its largeness as the physician, for he must meet every sort and condition of individual under trying circumstances. He needs everything that will make him fit. Let him measure the effectiveness of his life, then, by the number of laparotomies he has performed, by the number of deliveries he has effected, or the number of post-mortems he has held, for all of these are perfectly legitimate measures of activity. But let him measure it more and oftener by the welcome his patients accord him, by the inspiration of confidence his presence affords, and by the love of little children.

When I think of all that is denied me, in the way of the ordinary joys of life, because of a profession that allows so little time to its adherents, I am impressed with the tragedy of it. It is like the old fable of Tantalus, with something always within reach, yet always denied. For myself, physician as I am, I should rather have written "In Memoriam," or to have the spirituality to write it, than to have written the Organon. I should rather have written anything that Walter Pater has written than to have written anyone's "Practice of Medicine." The influence that Tennyson and Pater will have on the spiritual side of life will be greater than Hahnemann will have on the physical.—Frank Wieland, M. D., in The Clinique.

Criminal Aspect of Venereal Diseases in Children.

W. Travis Gibb has examined over 900 children from eight months to sixteen years of age for alleged assault, rape, sodomy, etc. The occurrence of these crimes against children is much more common than is thought, owing to the crowding in tenement houses, the superstition and dense ignorance of the foreign population, and the brutality, perversion, and intemperance of the perpetrators, combined with the precocity and low moral standard of the victims. Of the children examined, 800 were for rape, and 100 for sodomy, indecent assault, and other unnatural crimes. In 33 per cent there was no physical evidence of violations, in the form of lacerated hymen, contusions, excoriations, or discharges. In 50 per cent of the cases, there was evidence of penetration with a blunt object. Thirteen per cent of those examined were suffering from venereal disease, confirmed by finding the gonocci in the discharge. Two and one-half per cent had chancroidal ulcerations, and only two or three had syphilis. The older girls who had venereal diseases had to be sent to hospitals where they met the most hardened criminals, and learned all that was possible that was evil.—Medical Record, April 20, 1907.

Physician Lacking Experience Still an Expert.

The Supreme Court of Oregon says that in the homicide case of State vs. Megorden a physican called in

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behalf of the state testified that he was a regularly graduated, licensed and practicing physician, residing at Ontario, Ore., and had been practicing five years. He was then asked what the effect of a blow on a person's head, describing it as detailed by two preceding witnesses, would have as to dazing or confusing the person, and answered that it would affect his reasoning faculties for a few moments. Before answering, the witness stated that he had never seen or had a case so struck in that place. An objection to the question on the ground that the witness was not qualified as an expert was overruled. The point raised by this exception was whether or not want of experience in exactly such a case as the one in question is sufficient to disqualify a practicing physician and surgeon of general experience in his profession. Rogers on Expert Testimony, chapter 52, says: "If the witness is a physician or a surgeon, he is not incompetent to express an opinion, because of his want of observation of any case like the one in question. . . . It is not necessary, to qualify a medical witness to testify as an expert on the subject of wounds, that he should have actually seen the wound in question. His testimony may be based on a description of a wound given in court by those who saw it." The want of experience or knowledge of the particular wound in question would not affect the competency of the witness if otherwise qualified, but might lessen the weight given to his testimonoy. In People vs. Thacker, 108 Mich. 652-660, it was held that a practicing physician, a graduate of a college of medicine and surgery, and duly licensed to practice, could testify regarding a case of poisoning, although it did not appear that he had ever treated a person who had been poisoned or seen one treated by other physicians. The court therein quoted with approval from Rogers on Expert Testimony, page 45, as follows: "A witness, otherwise qualified, may express an opinion on a matter pertaining to his special calling or profession, although his knowledge of that particular matter has been derived from study rather than from actual experience. It is the doctrine of the courts that study of a matter without actual experience in regard to it may qualify a witness as an expert." And further, page 99: "The principle is well established that physicians and surgeons of practice and experience are experts in medicine and surgery, and that their opinions are admissible in evidence on questions that are strictly and legitimately embraced in their profession and practice." The witness in this case was regularly graduated in medicine and surgery, and was duly licensed to practice his profession in this state, and, being such, under the authorities above cited, he was competent to give his opinion on the matter in question by virtue of his general knowledge within the scope of his profession, although he had no experience or special knowledge of the wound in question.

Support the Local Journals.

The local journal is the index of the local profession. If you only subscribe for the great metropolitan magazines you are lost in the crowd. Your local journal represents you, no matter whether you choose or not. If you contribute to its support, and supply to it your best material, you are elevating yourself in repute as well as your neighbors. Besides, a local periodical always possesses some local color, and in this world of uniformity this is not to be lost.

On our table lies a journal that represents one of the most enlight-

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ened parts of the country. It is issued from one of our largest cities, the home of several medical colleges of the highest reputation, and of medical men who rank with the foremost in every department. But this number contains but two original papers—one from a physician in another city, and one by a resident of the home city, not a physician. The bulk of the journal is filled up with abstracts of more or less interest. Not one of the local physicians writes for it, not one of the advertisements comes from a home advertiser, although some of the best houses in the country are located in that city.

Comparatively few of the local journals make a much better showing. It is a rarity to find one with six original papers in it. The January number of Clinical Medicine contained forty-three papers under their authors' names, besides twenty-two queries, from each of which useful material might be gathered. In addition we have simply a deluge of other articles fully as valuable as any we print, which we can not use, simply because we have not the space.

We are not greeedy. We want to live, but we want our brethren to live too, and to prosper—we are sociable and want company. We wish we could place these other papers in the pages of our contemporaries, but how can we do it?

Medical editors are a suspicious set, and we have no right to send another journal what has been contributed to us. Besides, they would stigmatize our offerings as "left-overs," and decline them. Therefore, we want you to send some of your papers to your local journals, as follows:

Our special field is, of course, alkaloidal medicine. We choose papers treating of this work by preference. Many papers come to us of equal value, but we are compelled to give preference to those bearing on the active-principles. Then, again, of these there are two kinds, the one being those that present new ideas and observations, the other containing matters that simply verify things that are already familiar to most of our readers. These are not needed in our own journal, but would most admirably meet the needs of the readers of other periodicals who are not familiar with our work. Such papers should be read and discussed at medical meetings, and published in the journals of the state in which the author resides. In this way the influence for good extends where it is most needed, and far beyond our possibilities of projecting it.

Cultivate your home societies, support and write for your home journals, and send us your new and original observations on the action and uses of the active principles. Don't be afraid of giving us too much of this kind of material. Some time ago we gave this advice, and we simply repeat it here because we have seen, as perhaps few others could, the great benefits that have resulted. Agitation is the beginning of wisdom. When a physician finds his neighbor is using new and assertedly superior means and methods, he naturally feels inclined to try them himself; and this is a very different thing from reading about the matter in a journal avowedly devoted to their exploitation.

Write for your local societies, and your local journals.—American Journal of Clinical Medicine.

Streptococcic infections having their entrance through the ear are more apt to affect the muscles than similar infections with other points of entry.—American Journal of Surgery.

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The Collected Works of Carl Weigert.

In a special article in the Jounal A. M. A., February 2, E. K. Dunham and C. A. Herter, New York, give an appreciative biography of Carl Weigert, so well known as a pathologic anatomist, who seemse to have been a very admirable example of the true scientific man, working for the love of science and not for fame or profit. He was singularly gentle and unassuming in his disposition and particularly conscientious in his work and methods. His lack of appreciation of his own worth prevented his official recognition to the extent that he deserved, and notwithstanding his modesty and lack of personal ambition seems to have somewhat darkened his life and made him despondently depreciate his own abilities, which will be more appreciated now by the medical public after his premature and unexpected death. The latter part of the article is devoted to a review of his collected works and especially his "attempt at a general morphologic pathology based on "the normal," which is his final and posthumous utterance on these subjects. The chapters of this work are enumerated, thus giving an idea of its contents and his method of thinking. His earlier papers, histologic and otherwise, and his work on inflammation are also briefly noticed. It was as a morphologist and a leader in microscopic technic that he has made the greatest impression in medical science.

The Doctors of Shakespeare.

Of the thirty-seven undisputed plays of Shakespeare, says an unidentified exchange, physicians appear in the dramatis personae of five. These are the Merry Wives of Windsor, King Lear, Macbeth, Cymbeline, and Henry VIII. In Macbeth there are two, an English and a Scotch doctor, neither of whom is much of a credit to the profession of their time. One humbly admits the superiority of the king's miraculous touch to all the resources of his art for the cure of scrofula, a remedy practiced for the king's evil in England as late as in the reign of Queen Anne. The other is worse than confounded by the somnambulism of Lady Macbeth in the sleep-walking scene and admits that "this disease is beyond my practice." When appealed to for aid by Macbeth in the sonorous period beginning "Canst thou not minister to a mind diseased?" the doctor lamely and impotently replies "Therein must the patient minister to himself." This is an unusually frank acknowledgement of incompetency and shows an inexcusable lack of familiarity with the ordinary sedatives and hypnotic drugs which would have given Lady Macbeth at least temporary relief in her disturbed sleep and distressed nervous state. Such drugs were numerous enough in Shakespeare's day, as is shown by the powerful knockout drops of Friar Laurence in Romeo and Juliet, which were administered to the youthful heroine with such fine effect. Henbane, theriac, opium, and probably also valerian were well known, and it seems a pity that Macbeth could not have had in consultation the physician of King Lear, who was far more resourceful, and would have been quick to prescribe for the unfortunate lady one of the many simples which he knew "whose power will close the eye of anguish."

Dr. Caius, the irascible French physician in the Merry Wives of Windsor and one of the aspirants for the hand of sweet Anne Page, is a good deal of a buffoon, and is made the victim of much of the horseplay of the comedy. Mistress Quickly, in urging Fenton's suit, asks Anne's

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mother "Nay, will you cast away your child on a fool, and a physician?" an argument which would imply that doctors were not then regarded with much favor by ambitious mothers with marriageable daughters, a social estimate which has perhaps not entirely disappeared at the present day. Dr. Cornelius in Cymbeline was associated with the plotting queen in many curious experiments on animals. He has suspicions that her interest may not be solely that of love for pure science, and declares that he will not trust "one of her malice with a drug of such damn'd nature which first, perchance, she'll prove on cats and dogs, then afterward up higher." It is interesting to note that a similar objection to animal experimentation has been raised by the latter day antivivisectionist. By substituting a harmless powder for the lethal draught the murderous stepmother had prepared, the doctor saves the life of fair Imogen. Dr. Butts, the royal physician in Henry VIII, is but slightly sketched and seems to have been little more than a boot licking parasite at the court of the polygamous prince. None of Shakespeare's physicians rise in point of characterization to the level of Chaucer's doctor in the Prologue to the Canterbury tales. While he is not described in wholly complimentary terms, he is distinctly human in his qualities, seeems a real person, and is curiously modern in many of his traits.

In al this world ne was ther non him lyk
To speke of phisik and of surgerye;
He knew the cause of every maladye,
Were it of hoot or cold, or moyste, or drye,
And where engendred, and of what humour;
He was a verrey parfight practisour.
Of his diete mesurable was he,
For it was of no superfluite
His studie was but litel on the Bible.
But of gret norisching and digestible.

A Lesson in Logic.

When I attended medical school I was taught by example that typhoid patients needed two visits a day from the attending physician. This I followed out until I got a severe jolt from an old farmer only a few months after beginning my practice. Two of his family were down with fever. I attended them regularly twice a day for ten or twelve days. After I had attended them one evening the old farmer said: "Is the folks doin' well?" I said: "Just as well as it is possible for them to do. They will get right along now if nothing unforeseen turns up." "Well," said he, "that's what I think. Then if the folks is doin' so well, what's the use of you comin' two times a day? Ain't onct enough?" I stood there, looking, no doubt, wonderfully insulted, but replied very meekly: "I suppose one visit a day would keep them going." He said: "Suppose you cut out that mornin' visit and come over along in the evenin', and if anything turns up I will 'phone fer ye." I didn't say "take your folks and go with them. I guess I know how to run a typhoid case. Get some other doctor if my way doesn't suit you." But I swallowed my wrath, for I saw at once the cogency of his reasoning, and replied: "All right. I'll do it." He replied: "Young man, I like your doctorin' all right, but you've got a kinked up notion in your head that these here folks would die unless you come twict a day. You see it's only three miles to your office, an' I have a telephone and you have a telephone,

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then what's the use of you a-comin' so often? You see, young man, it takes five bushels of taters or four bushel of corn to pay you for every trip. You've come now enough so as to take over a hundred bushels of taters to pay you. Did you ever raise taters, young man?" I told him I had, and found it hard work. "All right, then. I can't spare 'em all. I want some for seed." So we parted. I was mad, but not mad enough not to go back. Before the next evening I had figured out that this hard-headed, tight-fisted, honest-hearted, plain-spoken old farmer was getting down to the bottom of things in a way that I had not thought of before. He saw plainly enough that a typhoid patient, with no grave complications, needs no more than one visit a day from the attending physician. I had not looked at it from his side of the fence. But he was seeing things from the practical side. Ever since I have tried to look at things from the other fellow's view as well as my own.—C. H. Maxwell, M. D., in the West Virginia Medical Journal.

The Psychic Treatment of Inebriety.

L. D. Mason, Brooklyn, N. Y. (Journal A. M. A., February 23), divides inebriates into two classes; those whose will power is not destroyed, but only latent as it were, and capable of being revived, and those in whom it is hopelessly impaired. It is the first of these classes that furnishes the converts in the temperance revivals and the so-called successes of the various specifics or "cures" for alcoholism, and the good result here is not due to the medication, which acts indirectly perhaps as an aid to mental suggestion, but to the psychic stimulus and the environment. The conductors of the so-called "cures" are illogical in their use of remedies and therefore untrue in their assertions. Their practice is irrational and unethical, and they are in no sense humanitarian. They should not have the protection afforded regular medicine but should be brought under the laws regulating "patent" or proprietary medicines. There is no specific in the treatment of alcoholism or inebriety in the proper sense of the word. In a certain class of selected cases it is proper to use psychic treatment, especially before complications develop and while the patient is still responsive. If the case is complicated with organic disease appropriate medical treatment should precede or accompany psychotherapeutic measures if the latter are deemed advisable.

The Relation of the Tonsil to Infection and Infectious Diseases.

Robert Curtis Brown shows in this paper how admirably, from an anatomical standpoint, the tonsil is arranged to resist infection. The tonsil is continually exposed to the action of pathogenic germs. Inflammation of the tonsil is caused by a pathogenic germ which is endeavoring to enter, and the inflammation itself is essentially a defensive reaction. When the resistance of the body is lowered, or the germs are virulent enough to overcome the other means of defense, or if the tonsil is wounded, a positive chemotaxis having been produced, there is a lacunar tonsillitis. When a negative chemotaxis is produced there is a general systemic infection without a tonsillitis. Finally, the relation of the tonsil to infection and infectious diseases is one of protection.—Medical Record.

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Surgical Anesthesia.

W. T. Wootton, Hot Springs, Ark. (Journal A. M. A., April 27), holds that the vomiting in chloroform and ether anesthesia is due to irritation of the vomiting center by either the unchanged ether or the alcohol radical which remains in the circulation in concentrated form after the reflexes return. To prevent vomiting, he aims to oxidize the ether as soon as the anesthesic effects are no longer needed by the surgeon. This he accomplishes by administering oxygen inhalations immediately on suspension of tne anesthetic, and continuing it until consciousness is regained, and in some cases even longer. He has used this method during the past two years in a variety of surgical operations and always with success.

Electricity in Ophthalmic Practice.

Personal experience in the use of electricity in the form of the galvanic and sinusoidal currents is reported by W. F. Coleman, Chicago (Journal A. M. A., April 27), and his technique described. Galvanism is generally used with a large positive pad 3x4 inches at the nape and the negative pad to the closed lids for ten minutes daily, with a current of from 5 to 10 m. a., generally the latter. The electrodes of the sinusoidal current are similarly placed and from 30 to 35 volts, according to tolerance, for the same length of time, are used. A total of 43 cases are reported, including cases of atrophy, vitreous opacities, amblyopia, sequelae of iritis, intraocular hemorrhage, retinitis pigmentosa, retinal thrombosis, sequelae of central retinitis, asthenopia, xanthelasma, paresis of ocular muscles, nictitation and pterygium. In all but two or three of these conditions there was improvement or recovery in a respectable percentage of cases, and in some the result is considered phenomenal, all previous treatment having failed. In spite of authorities to the contrary. Coleman considers that the usefulness of electricity in eye practice seems to be reasonably demonstrated.

Influence of the Mother's Health on the Fetus.

J. W. Ballantyne, Edinburgh, Scotland (Journal A. M. A., April 27), holds that any diseased condition of the mother during pregnancy, whether due to microbes, toxins, toxic agencies or diathesis, has its dangers for the unborn child, and the fact that it so often escapes must be explained by the protective influence of the placenta. The morbid influence may either force its way through the placenta and cause disease of the fetus, or it may cause its death by destroying the integrity of the placenta itself. The laws governing the placental interchanges, however, have not been discovered. The great safeguard of the fetus in case the mother is diseased, is a healthy placenta, which prevents the passage of germs and toxins and is not itself affected by them. We do not know yet whether there are medicines that act as placental tonics as it were; possibly potassium chlorate and mercury, or some of the organic extracts may be found to have this action. The placenta is a very vital organ of the fetus and this is probably one of the chief reasons why such disorders as maternal syphilis, which causes marked lesions in the placenta, has so disastrous effects on antenatal life.

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Personal

Oregon.

Dr. Wm. Kuyendall, of Eugene, was in Portland last month.

Dr. J. C. Twitchell, of Portland, was in Roseburg last month.

Dr. Ira Bartle, of Eugene, was called to Elmira last month.

Dr. W. W. Giesy, of Aurora, was seriously ill last month.

Dr. F. R. Dorn, of Echo, was in Pendleton early last month.

Dr. J. W. Harris, of Eugene, was a Portland visitor last month.

Dr. Chas. Hines, of Forest Grove, has been on the sick list of late.

Dr. S. E. Josephi, of Portland, will leave shortly for a trip to Europe.

Dr. M. Dittebrandt, of Milton, was in Portland one day last month.

Dr. Harry R. Cliff, of St. Helen's, went over to Rainier last month.

Dr. Harry A. Beauchamp, of Stayton, was a Salem visitor last month.

Dr. E. G. Kirby, of Elgin, went to La Grande last month to the theater.

Dr. Clark E. Saunders, of Union, has moved his office to his residence.

Dr. De Armond, of Medford, has returned from a trip to Vancouver, B. C.

Dr. J. L. Hill, of Albany, was calling on his Portland friends during the month.

Dr. and Mrs. W. C. Hawk, of Jefferson, were Portland visitors last month.

Dr. Ray Logan, of La Grande, was at The Dalles last month, visiting his father.

Dr. George Wall, of Eugene, made a professional call at Cottage Grove last month.

Dr. and Mrs. E. M. Anderson and wife, of Sumpter, were in Baker City last month.

Dr. W. E. Carll, of Oregon City, called on some of his Portland friends last month.

Dr. George Wall, of Eugene, went to Cottage Grove on a professional trip recently.

Dr. De Witt A. Paine and wife, of Eugene, have returned from a trip south and east.

Dr. J. P. Wallace, who is mayor of Albany, gets a very nice write-up in his local paper.

Dr. and Mrs. A. C. Kinney, of Astoria, paid a visit to Portland and the Sound last month.

Dr. W. W. Oglesby, of Cottage Grove, was a Baker City and Portland visitor last month.

Dr. J. A. Fulton and wife, of Astoria, were calling on their Portland friends last month.

Dr. W. G. Cole, of Pendleton, was called to Boise last month to perform an operation on a patient.

Dr. Rockey, of Portland, went to Hoquiam, Wash., to attend to some surgical cases, last month.

Dr. C. E. Saunders and wife, of Union, have returned from a two months' visit in California.

Dr. M. K. Hall, of La Grand, has been investing some of his surplus money in the fruit business.

Dr. Fred V. Mohn, of Astoria, has been appointed county health officer, in place of Dr. Fulton, resigned.

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Dr. and Mrs. H. A. Dedman, of Canby, gave, last month, a house warming party to their friends.

Dr. L. W. Brown, of Eugene, was in Portland last month, taking an advanced degree in Odd Fellowship.

Dr. O. M. Dodson, of Baker City, was in Malheur county, looking after his farming interests, last month.

Dr. W. T. Phy and wife, of Hot Lake, have gone on a several weeks' trip east and south, via California.

Dr. J. E. Shearer, of Roseburg, had a fall from a wagon last month which incapacitated him for work for a short time.

Drs. Booth, of Lebanon, and Marks, of Halsey, were in Albany last month attending a meeting of the pension board.

Dr. Willard W. Smith has returned to La Grande, after several months spent in Arizona for the benefit of his health.

Dr. G. H. Douglas, of Grants Pass, who left with the intention of going to Goldfields, Nevada, has decided to locate in Seattle.

Dr. F. C. Brossius, of Hood River, was in Pendleton last month, examining those who desire to join the militia company.

Dr. W. S. Hamilton and wife, of Roseburg, are home after their six weeks visit in Mexico and other southern localities.

Dr. and Mrs. E. A. Sommers, of Oregon City, were given a fine reception recently, on their return from their tour of Europe.

Dr. and Mrs. Wm. Kuykendall, of Eugene, have returned from their trip to California, having enjoyed themselves immensely.

Dr. W. B. Morse, of Salem, is away taking some more study. He will visit Rochester, Minn., New York, Boston and Chicago before his return.

Dr. A. C. Seeley, county health officer of Roseburg, has male an investigation of typhoid conditions at Elkton, and finds the sanitary condition of the town bad.

Dr. W. J. May, of Haines, came to Portland to be operated on for appendicitis, and shortly after his return his sanitarium at Radium Springs burned to the ground. Fortunately, none of his patients were injured.

Dr. Ralph Matson, of Portland, has started for London, where he will study for four months in the laboratory of Prof. A. E. Wright, the great pathologist of St. Mary's Hospital. He sailed from New York on the 8th inst.

Dr. and Mrs. Wm. Horsfall, of Marshfield, have been named by Governor Chamberlain as medical attendant and chaperon for the Oregon girls who will go to the Jamestown exposition as a drill corps to represent Oregon.

Washington.

Dr. H. W. Howard, of Prosser, has taken new offices.

Dr. Richard Connell has left Odessa and located at Cashmere.

Dr. W. C. Cox, of Hartline, has returned from his Eastern trip.

Dr. J. J. Smith, of Enumclaw, was a Tacoma visitor last month.

Dr. and Mrs. F. L. Carr, of Tenino, were in Montesano last month.

Dr. Patrick M. Walker is a newcomer at Everett, from St. Thomas, N. D.

Dr. Paul W. Johnson, of Clarkston,

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had a business trip to Spokane last month.

Dr. E. S. West, of North Yakima, went to Wapato by auto route last month.

Dr. J. J. Smith, of Enumclaw, ran over in his automobile from Buckley last month.

Dr. Peterkin, of Seattle, attended a late meeting of the Chehalis County Medical Society and read a paper there.

Dr. and Mrs. Jacob S. Smith, of Bellingham, gave a bridge party a few weeks ago.

Dr. Luther M. Sims, of Kalama, is visiting in Boston, where his daughter is graduating.

Dr. and Mrs. Geo. S. Wright, of Friday Harbor, have returned from their California trip.

Dr. May announces that he will rebuild his sanitarium at Haynes, this time of concrete.

Dr. W. G. Tucker, of Port Gamble, was a caller on his Port Townsend friends last month.

Dr. H. E. Henderson, of Seattle, spent a week on Lake Whatcom, early last month, fishing.

Dr. and Mrs. B. G. Godfrey, of Chehalis, gave an entertainment to their friends last month.

Dr. J. A. Balsinger and bride, of Colfax, have returned to their home, after a trip in Oregon.

Dr. and Mrs. W. M. Karshner, of Puyallup, gave their friends a musical entertainment last month.

Dr. J. M. Mowell, of Olympia, has just let the contract for the erection of a new $5000 residence.

Dr. A. J. Pressy, of Cleveland, Ohio, purchased forty acres of land near North Yakima last month.

Dr. and Mrs. N. J. Redpath, of Olympia, visited at Chehalis last month with Mrs. Redpath's parents.

Dr. Phillip Frank, of North Yakima, has been appointed county physician for the ensuing year of his county.

Dr. H. A. Shaw, of Seattle, had a set-to with some robbers last month, who broke into his office. The robbers escaped.

Dr. J. T. Edward, of Creston, has removed to Wilbur. He has taken the practice foromerly owned by Dr. Lanter, who has gone to California.

Dr. D. W. King, of Wenatchee, has been in the Okanogan region, superintending the planting of some fruit trees on his twenty acres of fruit land he owns there.

Dr. Rose Bebb, bacteriologist for the state of Washington and for the city of Tacoma, has recently removed her office and laboratory to the fourth floor of the city hall, Tacoma.

Idaho.

Dr. O. F. Page, of Sand Point, has been appointed county physician.

Dr. J. W. Givens, of Orofino, was a caller in Nampa last month.

Dr. Wm. M. Semones, of Nampa, made a business trip to Caldwell early last month.

Montana.

Dr. Louis J. Ford, of Lima, was a visitor in Dillon last month.

Dr. A. F. Longeway, of Great Falls, was a Belt visitor last month.

Dr. J. H. Johnston, of Red Lodge, recently proved up on a homestead.

Dr. and Mrs. J. W. Scarnell, of

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Marysville, were Helena visitors last month.

Dr. W. F. Patterson, of Belt, made a trip to Great Falls recently with his auto.

Dr. O. Y. Warren, superintendent of the state asylum at Warm Springs, has resigned and begun to practice at Butte.

British Columbia.

Dr. Chas. E. Doherty, of New Westminster, visited friends in Everett, Wash., last month.

Dr. Kingston, of Grand Forks, has just returned to his practice, after an absence of two weeks.

Brief Report of a Case of Trichiniasis.

Jose M. Ferrer describes the history of this case. The patient was an Italian peddler, 29 years old. On his admission to the hospital he had been ill a week with headache, fever, marked prostration, diarrhea, occasional chilly feelings, slight cough, and persistent muscular pains in the arms and legs. Nosebleed had occurred soon after his entrance. A tentative diagnosis of typhoid fever was made. One the eighteenth day of the disease the temperature dropped to 99 degrees and remained fairly low. The diarrhea had ceased, and the general condition was markedly improved. Pain and tenderness in the arms and legs continued, however. The blood showed marked esinophilia. A small piece was removed from the deltoid muscle, and examination showed a moderate number of trichinae.—Medical Record.

The Preservation of Hearing.

W. Sohier Bryant states that the changes which affect the hearing most insidiously are of two kinds: those chiefly inflammatory and those chiefly due to defective ventilation; in either case the end results are much the same. Decrease of sound perception is the most delicate measure of general nervous exhaustion. The writer believes that early observation will detect insidious conditions which cause over 95 per cent of deafness, and that judicious treatment will cure these conditions before serious impairment of hearing has taken place. He suggests that the otologist should be consulted once a year, after every cold, and whenever anything unfavorable is noticed in the ear.—Medical Record.

Prolapse of the Rectum.

James K. Hall reports a case of very large rectal prolapse occurring in a young dement, and rendering his life a burden to him, so as to exaggerate the existing suicidal tendency. A successful operation was done to correct the condition by attaching the sigmoid flexure to the anterior abdominal wall on the left side. The muscular bands of the colon were very strongly attached to the surface of the peritoneum near the abdominal incision so as to produce strong adhesions. The patient was not allowed up for a month or more. At the time of the report, four months from the operation, there was no discomfort at stool and no prolapse. The patient took a more cheerful view of life than before the operation.—Medical Record.

The hypodermic injection of eserine (salicylate) gr. 1-30—1-40, during or just before an abdominati operation, will, in most cases, entirely or largely prevent the distressing tympanites that otherwise usually occurs.—American Journal of Surgery.

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MEDICAL SENTINEL

JUNE
1907

Volume XV **Number 6**

Notes

A three-story brick addition to the hospital is promised this year for Walla Walla.

A movement is being made to secure the erection of a hospital at Oregon City.

The Montana State Medical Association meeting was held in Billings, May 15 and 16.

The new Pocatello hospital has just been opened. It was erected at a cost of $25,000.

A hospital scandal is affording racy reading for the people of Seattle. The manager skipped, and left creditors, and an unsavory reputation.

Dr. W. H. Carithers, of Moscow, is to be congratulated upon the new hospital that has been erected at his town. The building has 49 rooms.

Medical inspection of the Seattle schools is meeting with a proper amount of encouragement. Dr. Calhoun, the health officer, is pushing the matter.

The authorities in Lake County, Oregon, assert that they propose to enforce the law which requires physicians to file reports of contagious diseases that come under their care.

Silver Bow County Medical Association have started prosecuting the quacks under the new law passed at the last legislature through the untiring efforts of Representative Dr. D. Campbell.

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Somebody in Bellingham, Wash., seems to have a grudge against the doctors. Two of the members of the fraternity have recently had narrow escapes from stray shots, fired by no one knows who.

Murray Hospital of Butte has been incorporated. The Board of Directors are Drs. Murray, Larson, Campbell, Witherspoon and Mr. A. L. Patterson. These doctors have all taken offices in the hospital.

The question that has been agitating our friends in the dominion north of us is this—can Victoria afford to give a paltry $750 towards the new sanatorium for the treatment of tuberculosis, while Vancouver is giving $5000?

Dr. E. A. Pierce states that there were 774 deaths from tuberculosis in Oregon in the period from October 1, 1904, to September 30, 1906, and he adds that Oregon is freer from the ravages of the disease than any state in the Union.

On May 14th the regular session of the Chelan County (Wash.) Medical Society was held and listened to a paper by Dr. Blake on "Headaches." Dr. Wm. McCoy resigned as secretary of the society, and Dr. A. T. Kaupp was elected to succeed him.

Late reports state that there is no licensed physician in Curry County, Oregon. Consequently there is no county health officer to keep the statistics of deaths and births, as the state law requires that this shall be done by a licensed physician.

Dr. E. A. Sommer, of Oregon City, who has recently returned from a trip abroad, has been giving his home newspapers some very interesting facts concerning the old age, accident and sickness insurance that the German government provides for its people.

A correspondent makes the excellent remark that that article is of the most value to the reader of the medical journal, which contains something original as to fact or suggestion; or that reports cases which are out of the ordinary line of those described in the college text books.

The next meeting of the North Idaho District Medical Society will be held at Lewiston, June 18th. At the last meeting there were some very interesting papers on subjects appertaining to the stomach, and at the forthcoming meeting it is planned to consider the rest of the alimentary tract.

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Everybody will regret the loss sustained by Dr. W. J. May, of the Radium Springs Sanatorium, near Baker City, in the burning to the ground of his institution. He says he has little left except the land and the hot water, but he proposes to rebuild, and this time of fireproof materials.

Dr. Park Weed Willis, of Seattle, delivered an interesting talk recently under the auspices of the Seattle Y. M. C. A. educational course, on Tuberculosis. He condemned the use of nostrums that are offered in the advertising columns of the newspapers, and outlined the most modern methods of combatting the disease.

All sorts of cures have been suggested for spinal meningitis. One woman will suggest rubbing salt on the spine; another uses coal oil internally and externally; therapeutic lamps are suggested. As a rule, however, the disease runs its course so quickly that the quacks have scarcely time to try their fake cures on the unfortunate patient.

The Medical society of Coos and Curry Counties held a meeting last month and organized with the election of the following officers: President, Dr. Walter Culin, of Coquille; vice-president, Dr. R. G. Gale, of North Bend; secretary and treasurer, Dr. B. M. Richardson, of Marshfield; councillors, Drs. E. Mingus, J. T. McCormac and E. E. Straw.

The annual meeting of the Portland City and County Medical Society was held on the 15th ult. and officers were elected for the following year as follows: President, Dr. L. H. Hamilton; vice-president, Dr. Calvin S. White; secretary, Dr. Alan Welch Smith; treasurer, Dr. Robert E. Ellis; board of councillors, Drs. J. C. Elliot King, Mae Cardwell, and A. Tilzer.

Governor Mead of Washington desires to establish in the different counties a detention hospital for the care of those who are believed to be insane, where they can be properly observed by medical men, and not sent to the state asylums until it is determined, beyond all question, that they are insane. He claims that many unfortunates have been sent to the asylums when all they needed was rest and nourishment, and that a saving to the state, and benefit to the patients would follow the establishment of such detention hospitals, at least in the larger cities.

After selecting Grand Forks as the next place of meeting, the North Dakota Medical Association elected the following officers: President, Dr.

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Charles McLachlan, New Rockford; first vice-president, R. D. Campbell, Grand Forks; second vice-president, J. C. Countryman, Grafton; third vice-president, H. A. Baudeaux, Fargo; fourth vice-president, H. W. M. Phillips, Hope; treasurer, J. D. Taylor, Minot; secretary, H. J. Rowe, Casselton; the councilmen, Drs. Carpenter, of Fargo; Grassick and Wheeler, Grand Forks; Carr, of Minot; Pray, of Valley City; Sorkness, of Fargo; Spottswood, of Hankinson; Aylen, of Sheldon; Crawford, of Esmond.

A New Departure.—Joseph Corby, the newly-elected mayor of Butte, has announced a new policy in the administration of the Health Department. He declares there will be no politics considered in that department, and that the Health Officer will have the power to discharge without question any officer found incompetent, inefficient or unsuitable. This is an example that might be profitably followed by the mayors of other cities, for it is notorious that many city health departments are crippled by being made the refuge of political pensioners. Dr. C. T. Pigot has been appointed as the head of the department. The outgoing Health Officer was the recipient of commendations from the local society.

A rose by any other name, etc.—you know the rest. The great American pie, while a fruitful (unintentional pun) source of gastric trouble and incidentally of considerable profit to our profession, as well as to the pepsin producers, is still a perennial toothsome delicacy. The printer's "pi" is quite another thing, and has been known to make even oaken pillars swear. In an editorial squiblet in last month's Sentinel we tried to voice a welcome to our old friends Sharp & Dohme, but the Imp of "PI"-dom prankishly rebaptised them "Sharpe & Doelhme," by which cognomen not even their own wives would have known them. This, therefore, proves that there is no relationship between pie and pi, and that the latter is not a Carnegiesque spelling of the former.

The authorities in the state of Washington are endeavoring to secure a comprehensive measure that will govern the different cities in the disposal of their garbage and sewage. While each city must be governed, largely, by local conditions—location, slopes of ground, etc.—yet some general rules are needed which will prevent the discharging into streams of matter that will seriously pollute the water. In the judgment of some authorities it is practicable for some communities to construct septic tanks, and turn the overflow into the streams without injuring the water. On the other hand, it is extremely difficult to construct septic tanks in such a manner that the overflow will not be sufficiently offensive to be extremely detrimental to streams, if discharged into them in any large quantities. The State Board of Health is fully alive to the importance of the whole subject, and may be expected soon to promulgate some rules on the subject.

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Editorial Notes

American Medico-Psychological Association.—The sixty-third annual session of this association met at Washington, D. C., as one of the fifteen constituent members of the American Congress of Physicians and Surgeons, May 7, 8, 9 and 10. The session of the A. M. P. A. was one of the greatest events in the history of psychopathic medicine, as the late meeting of the congress was the greatest session of high class medical scientists the world has ever seen.

Much of the success of the late meeting was due to the untiring efforts of Dr. Wm. A. White, chairman o the Committee of Arrangements, who also entertained the association one afternoon at the great government hospital for the insane of nearly three thousand patients, over which Dr. White so successfully presides. Dr. White is professor of mental and nervous diseases for one of the Washington medical colleges and professor of psychiatry at the other, and handles similar work at the army and navy medical schools. He is a graduate of Long Island College Hospital, and one of the youngest men in the word to hold so important a position.

Dr. Chas. G. Hill, president of the A. M. P. A., handled the meeting with great skill and satisfaction to the large assembly of members present. To him was due the conception and detail of an adjourned meeting and banquet at the Inside Inn at the Jamestown Exposition, one of the most enjoyable events of the entire congress.

Meritorious Efforts.—Physicians all over the Pacific coast will heartily second the efforts of the Portland City and County Medical Society to rid this community of men who engage in criminal medical practice. The fact that such men are plying their nefarious vocation in Portland and other cities on the coast, is a disgrace which should be eliminated. Eternal vigilance on the part of the the authorities is essential to keep any large community from being preyed upon by such criminals. We are all acquainted with people who would rather do wrong than right; if there is as much profit in the right as in the wrong, they will take the wrong from preference. So there are some who drift into the medical profession—secure diplomas, and open offices, who would rather devote their time to the dark ways of the profession. Some of these men are not without ability. There is work of an honest sort open to them, at which they can be successful, if they would devote their time to it. But a natural crookedness, coupled with a certain species of cupidity, prevents them from following the straight and narrow way. The police powers of the state are always overworked, and they rarely busy themselves with such culprits unless they are urged on by the honest members of the medical profession. In most communities a spasm of virtue on the part of the authorities occasionally asserts itself, and something is done. Too frequently discouragements come from sympathy on the part of jurors. Our judicial system is badly overweighted with precedents and antiquated methods that defeat the ends of justice, and every defeat that comes serves to hinder future good work. The authorities, as well as those who are assisting them, become discouraged every time the blind goddess fails to hold the scales with even hand, and again for a time the criminals have their sway. We hope that the promised energy on the part of the county authorities, supplemented by the efforts of the local medical society, will

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not fail to materialize, and that results will follow which will tend to reinstate the good name of the community.

Unionizing the A. M. A.—In some labor union circles, the unionist who rides on a street car that is not run by "fair" labor, or who buys goods manufactured and sold "unfairly," is subject to fine and contumely. If he persists he is persuaded to be good by the brickbat method. Many people do not believe in this sort of boycott, when carried to an extreme. The non-unionist, who may be such from choice or otherwise, is to be crowded off the earth. Such a rule is somewhat in line with the customs of times long gone by, when the man who could not say "Shibboleth" was slain, and his blood drenched the soil of Palestine. And yet the men who are introducing trades union principles into the A. M. A. advocate a similar policy. The California State Journal is to exclude from its columns all advertising of articles which have not been approved by the Council of Pharmacy and Chemistry. This rules out the advertisements of the Oakland Chemical Co., Kress and Owen Co., Fougera and Co., and the Henry Pharmacal Co. Certainly some at least of these firms manufacture articles which are widely and favorably known to physicians. The matter will doubtless be pressed still further, and an edict will be issued by the A. M. A. authorities, calling upon its members to refuse to read journals in which such advertisements appear; to refuse to buy any preparation, whether approved by the Council or not, which is advertised in the same journal with these unauthorized articles; and a fine even may be imposed, trades union fashion, upon the member who engages in such a traffic, or who prescribes any such article. The trades union road has been entered upon, and there is no telling where the procession will stop.

San Francisco Physicians.—Everybody knew that our good friends, the doctors of San Francisco, would emerge from the disaster of last year with undimmed energy; but as one readys the accounts of their annual meeting, recently held, one cannot but feel that they have done wonders. Individuals who lost practices and personal belongings, may have become discouraged. Some had arrived at an age, after years of work, which precluded them from picking up the tangled threads, and rising phoenix-like, from the flames. Their physical and nerve forces were dissipated. For them on this side of the grave, there was little but discouragement. Their heads would never again proudly issue from the rubbish beneath which they were buried. But the profession as a whole, composed as it was very largely of men possessing unusual energy and determination, has taken hold of the situation with courage, and individuals are once again climbing back to the positions they occupied before the earthquake. For whatever luxuries the population has to go without, the physician and surgeon are constantly being called upon to render services, and because of the extraordinary plentifulness of money, these men are to be blamed if they do not get prompt and adequate pay for their services. Physicians all over the country will rejoice to see that their contemporaries in San Francisco are getting well on their feet again, and hope that when their favorite city emerges from the riot and anarchy that have characterized its business life during the past year, the physicians will be able to adequately recoup their losses, and once again establish themselves, and get to the same proud positions which they occupied prior to April, 1906.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

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MEDICAL COLLEGES ON TRIAL

The medical colleges of the country are on trial. From the Council on Medical Education of the American Medical Association has just come a statement to the effect that a very large number of medical students lack necessary preparatory education before entering medical schools, and the medical schools themselves have a low standard. The subject has been very freely discussed in the lay press during the past few weeks, and let us hope that the discussion, both in lay and medical circles, will not end in mere talk. The state medical boards will, doubtless, tighten up their examinations, where they have been too lax. Often enough these boards have a political tinge, owing to the fact that they are created by political officials; but while this is true, yet the personnel is generally such that the members seek to do their full duty to the public and the profession.

The strident demand on the part of many people for reciprocal laws between states, with all the specious arguments that are advanced for such measures, will count for less and less as the public appreciates the fact that too many men are crowding into the profession that should be engaged in some other useful occupation, better suited to their education and habits. Fake schools should be eliminated, it is true, but how? It certainly is within the province of any faculty, competent or otherwise, to give instruction to willing students, on the subjects that they wish to be instructed upon. But it is for the medical boards to decide whether the experience and education, general and special, of the students after they pass the schools, is such as to warrant their being allowed to practice medicine. City Health Officer Calhoun, of Seattle, in discussing the subject recently, is quoted as saying that many of the existing medical schools should be stopped, and we notice in the discussion that other parties have advanced a similar view. In our judgment, they miss the remdy. Schools cannot be stopped by law, however inefficient they may be, so long as they are not committing fraud that can be proved in the courts of law. But so far as they take students who have not suffi-

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cient education of a general character, or so far as these students when they have finished their school are incapable of practicing medicine, or so far as they lack the instincts of gentlemen, it is for the medical boards to prevent them from carrying on a practice.

Occasionally the state examining authorities will be hampered in their work by an aspiring individual, who for some good reason is refused authority to practice, and who will invoke the help of the courts. A moderate fee will convince many a lawyer that the constitutional rights of his client are being trampled upon when he is refused the privilege of selling his medical services to the public, but so far the courts have not been very favorable to this view of the case. The laws that create medical boards are generally so drawn as to give them all the power that the members exercise, and the appellate courts, at least, very generally recognize the public importance of a gate being constructed, sufficiently high and close to prevent marauders from entering the fold.

One phase of this question that should receive more attention than it has received in the past, is that which relates to the general education of the applicant for a medical diploma, and to his possessing the qualifications of a gentleman and a man of honor. While skill as a practitioner is necessary—while it is of vast importance to the community that the physician shall be educated in such branches as are taught in the well equipped medical college, it is also indispensable that he shall have a high grade, general education, and that he shall have the instincts of a gentleman and be a man of honor. One possessing a knowledge of the ways of individual medical students must realize that there is a large number of them who are sadly deficient in these qualities. It is very hard for an examining board to determine whether an applicant for a certificate to practice medicine is a gentleman and a man of honor or not. And yet this is of prime importance. There are enough students who fill the bill in these important particulars, without taking any of those that are deficient. Medical boards should be empowered to decline to give certificates to students on other grounds than markings on their examinations. Perhaps this would open the door for unfairness. Rather that than that some of the tens of thousands of present-day applicants should be permitted to prey upon the public.

UNIONIZING THE PROFESSION

Those may be called old-fashioned who object to the trades-unionization of the medical profession. It may be well for physicians to band themselves together and determine that they will not make examinations for life insurance for a certain minimum price, which the life insurance companies, in concert, may determine to pay. It is also certainly right for the profession to adopt and live up to a code of ethics, which, when considered on all sides, inure much more to the benefit of the general community than to the financial interests of the doctors themselves. It is in accordance with the highest principles

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for physicians to join hands in endeavoring to secure legislation looking to the prevention of disease, for this is certainly altruistic and unselfish in the highest degree. But there are other suggested means that are open to serious criticism, and these have their inception around the workings of the cabal at Chicago. The plan is practically to boycott everything that does not line up with the views of the cabal in its efforts of concentration; to suppress all independence of thought and effort in what may be called the politics of the medical profession; to crush the independent medical press, to which the profession owes infinitely more than it does to the subsidized state and national organs. Observation teaches that trades unionism tends to inferior workmanship. One of the purposes of trades unionism is to give the poor mechanic the same pay as the good one; to introduce a dead level of achievement, which strikes a blow at all personal incentive for excellence. There are those who, like the editor of the Milwaukee Medical Journal, "view the movement with no little concern, which seems so potent for ultimate degeneration within the profession." Unfortunately, there is little prospect of any immediate change.

STEPPING FORWARD

While the efforts put forth in some states to secure excellence in qualifications on the part of those desiring to become doctors are crude, yet the steps being made are generally upwards. Here and there we find retrogression; but a step backward is generally followed in the near future by two steps forward. Here is California passing a new law which omits from the required examinations all reference to medical practice, therapeutics and materia medica—perhaps because the promoters of the measure were afraid that some experienced practitioners, well up on these subjects, might creep into their state. Even Editor Jones must have failed to do good work at Sacramento, because, perhaps, he was too busy arraigning his co-workers in the vineyard of healing, for their sins. While California is struggling under its various burdens, known of all men, including a very bad medical law, Oregon is weeding the incompetents out of its list of aspirants to hang out their medical shingles. Out of fifty-five applicants for license to practice at the late examinations, only twenty-four went through, and their names are published this month. After examinations next year, or even later, some of the unfortunates who did not pass may be enumerated. We hope they will be, if they are capable. And yet it is better that a good streetcar conductor should not be spoiled and made into a poor doctor. We are not informed as to whether the Oregon Board are tightening up a little in their examinations. If they are, they are to be commended for so doing. They are the protection which the state established to guard the public from inefficiency. They cannot do everything; quackery and incompetency will exist despite their best efforts. But in the general effort being made all over the country (except in California) to protect the public, they are entitled to their meed of congratulation.

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PUERPERAL INFECTION

By EDNA TIMMS, M. D.
Portland, Or.

Read before the Portland City and County Medical Society, March 22, 1907

Puerperal infection is a term applied to the various processes, pelvic and general, that are manifested in lying in women; as a result of the action of microorganisms. They are identical in character with the various forms of infection that may complicate surgical operations or wounds of the body.

The history of the various discoveries by the great students throughout the different ages, as early as the time of Hippocrates, makes most interesting reading, many theories being advanced to explain its occurrence.

When we consider the natural mechanism which guards against the entrance of pathological organisms into the uterus we cannot help but feel that the statement made by one author is correct when he says: "If there were no vaginal examination or intra-vaginal or intra-uterine operations, a previously healthy patient confined, under proper hygienic circumstances, would not suffer from acute sepsis." At the commencement of labor a healthy vagina is lubricated with a lactic acid forming fluid, which destroys all pyogenic organisms introduced into the vagina in a few hours. In addition to this protection there is a still further bar to the entrance of bacteria into the uterus. This is the plug of mucus which fills the cervix and prevents the bacteria from entering the uterine canal, the gonococcus being the only germ capable of passing through the various layers, the whole tract finally being washed, at the close of labor, by the flow of Liquor Amnii.

Inasmuch as vaginal examinations and operations must be performed, it behooves us to do everything in our power to avoid the introduction of bacteria. There are three simple rules well known to all of us which if always followed would aid greatly in preventing this dreaded condition:

1st. Make as few examinations as possible. Ordinarily one can obtain all necessary information at one examination.

2nd. See always that hands, instruments and dressings are clean.

3rd. See that the patient is clean. Before examining have the nurse cleanse the vulva of the patient, also the vagina in case of instruments.

Invasion of the genital tract during pregnancy, or the puerperium by pathological bacteria, manifests itself in two ways:

I. Acute sepsis;

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II. Sapremia, sometimes called gas sepsis; and you might add a third, a combination of the 1st and 2nd.

Acute sepsis is due to the direct invasion of the system by pyogenic bacteria. We have two forms of acute sepsis, divided according to the path by which the bacteria enter the system into lymphatic sepsis and venous sepsis or pyaemia.

The former is due to the entrance of pyogenic bacteria into the circulation of the patient via the lymphatics. It is the most fatal disease to which puerperal women are liable. It is due to the inoculation of some part of the genital tract with the streptococcus pyogenes, which has been introduced by the fingers or by instruments.

A debilitated condition of the system due to general poor health—prolonged labor—loss of blood, etc., all render the tissues less able to resist the invasion of micro-organisms. Premature rupture of the membranes is a predisposing cause, as the Liquor Amnii remaining in the vagina for some time makes a good culture medium. It is difficult to estimate the frequency of puerperal infection, but it is well known that there has been a marked decrease in the mortality since the introduction of antiseptics. In the Rotunda Hospital, Dublin, during the years 1870-76, the mortality from sepsis was 1 in 90; in the years 1890-96 the mortality was 1 in 908.

Webster says: "The abuse of anaesthesia is accountable for much of the puerperal mortality, interference with the course of labor being much more frequent than in the pre-anaesthetic days, when the natural process was allowed to continue as long as possible."

The symptoms appear in from 24 to 50 hours after inoculation, beginning generally with a severe rigor, during which time the temperature rises to 104-5, pulse frequent, even out of proportion to the temperature. The secretions, lochia and milk, cease completely, if they are ever established. The patient looks extremely ill and is absolutely sleepless, with great depression. The duration of the disease is from a day or two to, at most, a week, heart complications being common.

The treatment consists in cleaning and keeping clear the vagina and uterus, also the digestive tract, and in giving suppurative treatment.

The latter, venous sepsis, differs from the former by having the infecton conveyed to the general circulation via the veins, by emboli starting from an already infected thrombus in the uterine sinuses; known as pyaemia. The infecting bacteria generally is the same as that which causes acute sepsis, the streptococcus, or it may be due to a neglected sapremia. The symptoms do not occur until about the tenth day after delivery, the patient seeming quite normal up to that time, or she may have suffered from sapremic infection of the uterus—you have a severe rigor, followed by a rapid elevation of temperature, the pulse rate increased proportionately. In a few hours the temperature falls and the patient may appear as well as before the attack. Another rigor follows in from 12 to 24 hours and so on as new tissues become infected by fresh emboli. In a few days abscesses form. They may occur in any part of the body, but as a rule follow one of two

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definite courses. They will form in the superficial parts of the body: as in the joints or subcutaneously, or they occur in the deeper organs, as the liver, lungs, or brain. The patient may recover or may die, death being caused from exhaustion due to suppuration.

Septic pneumonia, peritonitis, endocarditis, or from a formation of abscesses in the vital organs.

Treatment same as above and the abscesses opened and cleansed.

Now we will consider the second form of infection, viz: *Sapremia.* This is the condition which arises from absorption of the products of decomposition. .

If air enters the vagina or uterus during or subsequent to the third stage of labor, saprophytic organisms are carried in along with it. These organisms lodge in any dead matter, as blood clots or portions of placenta, and generate poisons. If there is any obstruction to the escape of these poisons they are absorbed and sapremia results. These germs enter to some extent in almost every confinement, but sapremia does not result unless there remains tissue within the uterus which forms dead matter for them to feed upon. Improper management of the third stage of labor, i. e., premature expulsion of the placenta, is the common cause of the presence of dead matter in the uterus. Prolonged labor, by causing crushing and so necrosis of the soft parts and insufficient control of the fundus by allowing the uterus to fill with clots before the expulsion of the placenta, are all predisposing causes of sapremia.

Symptoms.—The symptoms usually set in from the third to the fifth day after birth of the child, and commence gradually. The temperature rises to 101 to 102 degrees, and the pulse in proportion. At the same time the lochia has a foul smell. If the case is treated, the symptoms disappear; otherwise they increase. If it remains untreated the temperature rises much higher and the patient is very ill.

These saprophites, which were only able to live on dead matter (under suitable conditions), become pyogenic and able to exist on living tissue; the most suitable condition being a neglected sapremia. As they gain in virulence they attack the uterus itself and cause septic endometritis. We then have a very foul smelling and profuse discharge, coming from a subinvoluted uterus. The bacteria may extend in two ways. They may infect a lacerated cervix and thus travel into the tissues around the uterus, or they may extend into the tubes and reach the peritoneal cavity, either being most serious.

Prognosis.—The saprophytes are usually the least dangerous agents, their results being generally local. Occasionally, however, a serious general infection may be caused. If treated in time the patient almost always recovers. If untreated she may die of ptomaine poisoning or from pyaemia. If extension of the inflammation to the tubes takes place, she may die of septic peritonitis. In the most favorable cases she will be an invalid for a long time and perhaps for life.

Treatment.—The prophylactic treatment consists in the proper management of the third stage of labor. If sapremia occurs it must be treated at once. When the symptoms first appear raise the head of the bed slightly, and so favor free drainage from the vagina. With

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the same object, order a purgative which, by causing bearing down efforts, assists in emptying the vagina, at the same time clearing the alimentary canal.

If the third day has passed, you may allow the patient to kneel in bed when passing water.

If, in spite of this treatment, the temperature still keeps up, she must be given a copious vaginal douche of preferably hot creolin sol. ℥ ss to one gallon of water without much force. If the trouble is limited to the vagina the temperature will fall. If it still remains high, the uterus is probably infected and intrauterine douching must be employed.

This brings us to the point which may seem very simple, but which impressed me as being of very great importance, namely, puerperal ulcer. This may, and very often does, accompany sapremic infection. It is an ulcer of varying size, with a gray, sloughing base and an inflamed margin. It forms on lacerations of the cervix and any torn or bruised surface of the vulva or vagina on which micro-organisms may grow. This dirty gray or yellow sloughing ulcer often discharges pus. Frequently the patient's temperature is caused by these ulcers, and they may even resist the above treatment. The vaginal douche was given with little force to prevent washing any of this or any other debris existing in the vagina up into the uterus, thus causing new infection.

So when it becomes necessary to give a puerperal patient an intra-uterine douche, always get them in the cross-bed position, dilate the vulva and vagina with a vaginal speculum. Examine the surface of the vagina carefully from vulva to cervix for these ulcers. If any are found, cleanse them as well as the whole vagina. Then, if necessary, pass a sterile intra-uterine douche tube by inspection, and see that the point does not come in contact with the ulcer. Otherwise you may carry infection from the ulcer, on the tube, into a clean uterus. The treatment of the ulcer is purely local, and consists in the careful washing away of all discharges and in applying iodoform powder or packing with iodoform gauze twice daily, or any other antiseptic.

Webster says: "It is necessary to destroy the organisms as soon as possible to prevent their spreading upward into the uterus. The patient is placed in the lithotomy position and the vagina exposed; the affected area washed with a 50 per cent hydrogen peroxide solution. A gauze tampon is then placed in the vagina, soaked in a solution of formaline in glycerine and water, formaline m xxx, glycerine ℥ iv, sterile water pints i. After 12 hours the gauze is withdrawn, the parts are again washed with H_2O_2, and fresh formaline gauze reintroduced for twelve hours. This is repeated until the infected area is in a healthy condition. This method is preferable to the employment of antiseptic douches, because it allows of the continuous application of a powerful penetrating antiseptic.

Intrauterine treatment is conducted as follows: If a simple saline or creolin douche is not sufficient to relieve symptoms, a thorough bimanual examination should be made to determine the condition of

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all the pelvic organs. Then one or two fingers should be introduced into the uterus to determine the amount of debris present, removing same when possible. The one great principle to be oberved is to disturb this surface as little as possible. Hence, curettage is not ordinarily indicated, curettage being dangerous because it breaks up the deeper protecting zone of leukocytes, exposing fresh raw tissue, which is liable to be invaded by micro-organisms which may not be entirely removed by the curette. Of course when the debris (placental tissue, etc.) is so adherent that the finger, placental forceps, etc., will not remove it, it may be necessary to use the curette, but avoid it if possible. The curette should be a large one, with a broad stroke and dull edge—one with a large enough opening to furnish free irrigation. You then introduce into the uterus the same glycerinated formaline solution referred to before, the gauze left twelve hours and then changed. Webster has abandoned the douching, as he claims the temporary dribble of water is utterly useless; that drugs strong enough to be of use will kill the patient.

Shucking's method of continuous irrigation is rational, though not favorably received on account of the inconvenience of using it. In all cases of infected uterus give ergot. It contracts the uterus, thereby compressing lymphatics and veins which hinder absorption, at the same time expelling clots and lochia.

In all cases the diet of the patient must be kept up, the bowels kept open and everything done to build up the strength.

Ear and Throat Diseases in School Children.

At an examination of 397 pupils of one of the largest preparatory schools in Philadelphia, of which they give a tabulated statement, taking account only of gross defects, W. G. B. Harland and G. W. Stimson, Philadelphia (Journal A. M. A., May 18), found only 55.87 per cent. with normal ears. Slight deafness existed in 22.88 per cent. and marked deafness in 9.09 per cent.; 10.43 per cent. gave a history of purulent discharge. In 14.98 per cent. there were enlarged tonsils, including adenoids, and chronic pharyngitis in 9.42 per cent. The authors think it would be well if all school children could be examined thoroughly every year as well as on their first admission to the primary grades. In this way the chances of more serious disease in later life could be lessened and better figures than those they report could be given.

Strangulated Hernia.

D. C. Hilton, Lincoln, Neb. (Journal A. M. A., May 18), describes the conditions in and treatment of strangulated hernia and reports two cases of the femoral variety in which operation was performed. He advises in all cases telling the patient and friends that death will follow unless the condition is at once relieved. Taxis is contraindicated unless attempted early; when the symptoms are exceedingly severe; when dealing with an irreducible hernia; when stercoraceous vomiting occurs; whenever there is any suspicion of inflammation or gangrene, and when a clean and skillful operation is possible. It should not be tried for more than ten minutes or without anesthesia, which is essential for thorough work.

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INJURIES OF THE CORNEA AND NEIGHBORING STRUCTURES

By S. J. TOURNEY. M. D.
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The cornea forms the anterior part of the fibrous cavity of the eye. At is periphery it is about one m.m. thick, but at its center it is somewhat thinner. It is composed of five layers from without in; they are:

1. Epithelial layer.
2. Bowman's membrane.
3. Substantia propria, or proper substance of the cornea.
4. Descemets membrane.
5. Endothelial layer.

Descemets layer is a thin, firm, structureless, transparent and highly elastic membrane. It is often seen protruding at the floor of an ulcer, and is of a pearly appearance before complete rupture occurs. At the periphery this membrane passes into radiating bundles of elastic fibrés forming the ligamentum pectinatum.

A superficial abrasion of the cornea causes much pain with watering of the eye, photophobia and ciliary congestion. These abrasions are frequently due to scratches, often inflicted by the finger nail or flying foreign bodies. The abraded surface is often small and shows no apacity and at times even difficult to detect by watching the reflection of a window from the cornea while the patient moves the eye about. Many, if not all, the cases of relapsing bullae of the cornea seem to have originated in slight superficial injuries. Again, the injuring agent may be a fragment of metal or stone flying from tools. These become imbedded in the cornea and give rise to various degrees of irritability and pain. The fragment soon becomes surrounded by a hazy zone of infiltrate. The pupil is nearly always slightly contracted. The color of the iris is altered, indicating a congestion.

Another frequent source of injury to the cornea and neighboring structures are burns resulting from strong alkalies, of which lime is the most common. As the full effect of a lime burn is not apparent for some days, a guarded prognosis should always be given in the early stage. A burn of the cornea under such conditions may manifest itself by infiltration alone and subside under treatment, or it may pass into a suppurative keratitis with hypopyon, scarring and shortening of the conjunctiva (symblepharon). The most superficial burns whiten and dry the surface, and in a few hours the epithelial is shed. This is shown by a sharply outlined, slightly depressed area of corneal surface. If the damage be slight and recent the surface

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is clear, but more or less opalescent if the case be a few days old and the burn be deep enough to have caused destruction of Bowman's membrane and true cornea tissue.

But of all injuries to the cornea the most serious, as well as the most treacherous, of the entire category are penetrating wounds. It is not the wound itself that makes it such a serious matter, and so much dreaded, as it is the possible complications resulting from injury to the neighboring structures. So when a patient presents himself with a penetrating injury to the cornea, we should ascertain the seat, extent and character of the wound; the interval since the injury, and test the sight of the eye, also taking cognizance of the tension; then find out all we can about the wounding body, and especially whether any fragment has been left within the eyeball. Penetrating wounds are least serious when they implicate the cornea alone or the sclera behind the ciliary body, that is one-fourth of an inch from the corneal margin. Corneal wounds without injury to the iris or lens, and without prolapse to the iris generally do well. Penetrating wounds which cause laceration of the iris, with prolapse and puncture of the lens, are indeed a most serious complication. Traumatic cataract resulting therefrom is liable in its swollen state to press upon the ciliary processes and cause grave symptoms with hemorrhage into the vitrous, and within a few days purulent inflammation may destroy the eye, or result in sympathetic ophthalmia.

These cases must be viewed from two standpoints: First, the danger to the injured eye; second, the risk to the sound eye. The question whether to sacrifice or attempt to save the former, is very difficult at times to decide. If the wound lies wholly or partly in the danger zone, and is so complicated with the injury to the deeper parts, and no hope of useful sight remains, enuncleation is indicated. Again, if the wound be small and lies in the danger zone, and already a serous iritis is set up, enucleation is indicated.

There are a large class of cases in which the foreign body remains in the eye, though the injury of itself is not fatal to sight and has not as yet led to inflammation. These cases should be kept under close observation until the eye quiets down completely.

The following case came under my observation at Moorfield's Ophthalmic Hospital, London: A patient of Mr. Fisher's, a boy 12 years old; penetrating injury of the right eye in the danger zone, caused by a piece of steel wire one-half inch long; lens not injured; the wire was promptly removed by a magnet; prolapse of the iris followed; this prolapse was snipped off and the wound covered by an ocular conjunctival flap; the wound healed promptly. The eye remained more or less irritable for eight months, and the surgeon in charge was puzzled as to what was best to do for the patient. The boy was still under observation when we left the hospital.

Permit me to report another case: Mr. Colburne's clinic. Male, aged 31; came to the clinic four years previous to the present visit, with a recent wound in the danger zone, cornea cut through temporal side, one-third of the iris prolapsed, ciliary body wounded, lens hidden by blood clot; the wound was made by a splinter of kindling wood; the stick had been in the shed for several months and sepsis

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was feared; enucleation was advised at once; patient refused the treatment, the wound healed without any treatment by doctors; he has suffered more or less pain all this time; four weeks ago the injured eye became painful and within 48 hours the normal eye became involved in a severe inflammation, vision lost within eight hours, tension plus 3, with anterior chamber obliterated, pupil occluded, primary eye practically blind, complete posterior synechia, iris incarcerated in the wound, lens destroyed by absorption. Enucleation of the sympathetic eye advised, and later iridectomy of the primary eye, hoping to recover a little vision. Six weeks after the enucleation, the primary eye was operated upon, resulting finally, with a plus 16 lens, of counting fingers at six feet.

The lesson in this case is plain: A prompt enucleation would have saved the fellow eye.

In conclusion, let me say that it is the imperative duty of the attending physician to make, or have made, a careful and painstaking examination of each and every case of corneal injury, investigating the extent and gravity of such injury, acquainting the patient with the probable prognosis, and advising proper treatment. In doing this be independent, firm, yet kind.

Adrenalin in Unilateral Renal Hematuria.

A case of unilateral renal hematuria, of supposed traumatic origian, of sixteen months' duration, and without evidence of nephritis, cured by adrenalin, is reported by H. H. Young, Baltimore (Journal A. M. A., May 18). Pain was constant on the right side, the side of the injury, but the hemorrhage was from the left kidney. The adrenalin was injected through the urethral catheter; only one injection of 6 c.c. of a 2 c.c. adrenalin in 8 c.c. of sterile water was given. Some pain was caused at first, but soon disappeared and the urine cleared up entirely in about ten days and there was a general improvement in the patient's condition. Three months after the treatment the man was in almost perfect health, having only occasional slight pains in the back and headaches much less severe than those formerly troubling him. Young reviews the recent literature of unilateral hematuria without nephritis, which he thinks shows the great importance of study of these cases, and the need of due efforts to determine their etiology. Bilateral catherization should always be performed. The case reported, he thinks, demonstrates the importance of attempting to stop the hemorrhage by the injection of adrenalin through the ureteral catheter, and the excellent result in this case proves conclusively its therapeutic value in certain cases. Even with definite lesions present it would appear not to be contraindicated, and it may be of great diagnostic value. The weakening effect of the hematuria would be abolished and a more careful study of the urine facilitated. If in this way we can effect a cure, as in the case reported, the patient would be saved the ordeal of a cutting operation. In case of an ulceration of a tumor into the urinary passages, the use of adrenalin would not necessarily delay an exploratory operation if indicated. Young is convinced that the intraureteral injection of adrenalin is practically free from danger.

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TREATMENT OF TUBERCULOSIS

By H. M. GREENE, M. D.
LaCrosse, Wash.

Read before the Whitman County Medical Society, April 15, 1907

Prophylaxis is the first and most important consideration in the treatment of tuberculosis. A well formulated plan which would prevent its spread would accomplish more than any other means. While it is safest to place all tubercular patients under quarantine, it is not possible at present to enforce quarantine that would be of more benefit than to take the tubercular patient and teach him how to care for himself, in order that he will not be a burden upon himself and family and a menace to public health. This cannot be carried on successfully outside of sanatoria. These we have not. We are able to get legislation in favor of getting rid of noxious weeds, sheep rot, codling moth, hog cholera, and a score of other things, including tuberculosis of the cow, but when you speak to our legislators about caring for tuberculous mankind, you will not find a single "T. B." in either house, and besides that, they all think themselves immune.

Tuberculosis, taken in the early stage is as curable as syphilis, typhoid or diphtheria. The most essential consideration is to begin treatment early, so it is imperative that we arrive at a diagnosis early in the game. If you have a suspicious case with vague symptoms of tuberculosis, it is better, instead of waiting for "further developments," to take into serious consideration those present and "storm the fort yet while the enemy can be subdued." We should not only understand incipient tuberculosis, but should obtain knowledge of the predispositions and conditions upon which tuberculosis is engrafted. In a paper at the last meeting of the State Medical Association, I endeavored to bring out the idea that proteid starvation is the "make-ready" for tuberculosis. Also, the exposure of the living organism to light produces an effect that will warrant placing the climatic treatment of tuberculosis upon a scientific basis. But if the patient expects to continue to reside in the same locality, it is better to cure him at home, if possible.

There is no drug treatment. Employ drugs to control or modify symptoms which are severe enough to demand attention, as constipation, diarrhea, to relieve pain, or for nervous conditions, vomiting, etc. For constipation I usually use calomel and podophyllin at bed time and mag. sulph. to effect in the morning. Cascara in some form is also a good remedy. For pain, iodine as a counter-irritant is better than morphine or other narcotics. A solution of sodium bromide for nervous conditions, with strychnia for an appetizer and tonic. I find

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strychnia a very valuable remedy in these conditions, as it puts stamina into your patient and makes him feel like carrying out every detail. Establish regular habits of going to bed, getting up, eating, exercise, and have your patient's bowels move regularly as elimination is the prime factor in the treatment of most maladies. There is no drug yet discovered that will cure tuberculosis, hence the essential part of the treatment is to get your patient to eat and assimilate a large amount of fats and proteids, such as milk, cream, meat, raw eggs, and butter. If you feed starches, have them cooked well enough to burst the starch granules to prevent indigestion. Do not use much Spts. frumenti. Unfermented grape juice make raw eggs palatable, and is better than whisky. Have your patient eat from six to eighteen raw eggs in twenty-four hours.

Do not forget open air is indispensable in the treatment of tuberculosis. The patient should have a maximum amount of rest, especially if temperature is above or below normal. Direct supervision of both physician and nurse is a more important factor in the treatment of tuberculosis than it is in the treatment of the insane. An appropriation by the state for the prevention and relief of tuberculosis would be more commendable than the appropriation to establish and maintain fish hatcheries on our mountain streams, where sanatoria for tubercular mankind should be instead.

The Metric System.

The advantages of the metric system over the present less convenient and accurate measurements used in medical prescribing are pointed out by W. A. Jolley, Boulder, Colo. (Journal A. M. A., May 18), who also gives details of methods to convert the measures now in use to the metric measurements. The convenience of the system is shown by a number of practical examples. He also gives a table by which the tablet triturates in common use can be prescribed according to the metric nomenclature, and show how to use this system in prescribing ointments and liquids. One advantage of the system is the facility with which it can be adapted to the dosage required for children. Consider as 20 age of an adult and use that age as the denominator and the child's age as the enumerator. Let the dosage for an adult be the total required in a mixture containing 100 c.c., then allowing 5 c.c. for a teaspoonful, this will be the dose for a child 1 year old. For a child 2 years old twice as much and so on up to the adult. Actual practical work with the adaptation of the common measures to the metric equivalents will soon produce familiarity with prescribing by this method.

The cessation of a purulent discharge from the ear should not be taken as a sign of cure. The pus may have found its way into the mastoid cells.—American Journal of Surgery.

Washing the area around a mastoid wound with alcohol, alcohol and ether or alcohol containing 1 per cent nitric acid, will often ward off a dangerous erysipelatous infection. —American Journal of Surgery.

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THE SIGNIFICANCE AND TREATMENT OF ALBUMINURIA DURING PREGNANCY

By RUSSELL TRUITT, M. D.
Cottonwood, Idaho

1. As to the frequency of albuminuria during pregnancy, authorities differ, declaring the percentage to be 20 to 30 per cent of pregnant women.

2. In physiological albuminuria there are no tube casts present in the urine, nor morbid symptoms. Albuminuria is more frequent at the time of labor, due to renal anemia caused by reflex vasomotor spasm of the renal arteries, resulting from the uterine contractions.

3. Albuminuria may occur early, before there is any possibility of renal, venous stagnation from pressure, and it is then the result of reflex irritation. The intimate relation between the nerve ganglia of the pelvis and the venous supply of the kidneys would explain this.

4. The urine exhibits both qualitative and quantitative change. The amount excreted in twenty-four hours is largely increased in quantity and diminished in specific gravity, due to the hydremic condition caused by the arterial tension. There is no increase in the chlorides, and the phosphates and sulphates are decreased on account of their use in the development of the fetus.

5. That albuminuria may be the cause of child-bed mortality is undoubtedly a fact.

6. In many cases there are no marked symptoms of albuminuria nor any disturbance of the general condition of health to indicate its presence, while in others there are several symptoms which will indicate its presence, such as a dropsical condition of the feet and legs, swelling of the vulva, puffiness of the face and eyes and other marked symptoms.

7. As to the prevention and treatment, it is important that the physician should be consulted frequently by the pregnant woman during the latter three months of pregnancy, so as to enable him to carefully examine the urine at different times. The treatment should be of a tonic nature and also eliminative. Such as the use of some preparation of iron, cinchona, and other bitter tonics. The bowels and kidneys should be kept active by the administration of mild cathartics and diuretics, such as cascara, salines, and lithia. Small doses of calomel or podophyllum will also be useful. The hygienic treatment should be hot baths. A light diet will also be necessary, but it should be also nutritious, avoiding the use of too much nitrogenous food. Such is a brief presentation of this important subject.

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Medica Societies

Oregon State Medical Association.

The annual meeting of the Oregon State Medical Association for 1907 will be held at Seaside, Oregon, July 12th and 13th.

The program, as far as completed, is as follows:

John Milton Holt, Astoria, Oregon—Amoebic Dysentery (Chronic) a Surgical Disease.

C. H. Wheeler, Portland, Oregon—Notes on the Recent Epidemic of Cerebro-Spinal Meningitis in Portland.

T. C. Witherspoon, Butte, Montana—Abdominal Tenderness in Locating Visceral Lesions.

J. C. Elliot King, Portland—Urticaria, its Relation to Other Disorders.

J. N. Hall—Denver, Colorado—Abdominal Diagnosis as Tested by Operation.

George F. Wilson, Portland, Oregon—Subject unannounced.

J. A. Reuter, The Dalles, Oregon—The Treatment of Asthma by Diphtheria Antitoxin.

A. E. Mackay, Portland—Subject not announced.

B. A. Cathey, Corvallis, Oregon—Organic Heart Disease.

W. R. M. Kellog, Seattle, Wash.—The Opsonic Index in Tuberculosis.

Fenton B. Turck, Chicago, Ill.—Subject not announced.

George E. Houck, Roseburg, Oregon—Trichinosis.

Wm. O. Spencer—Huntington, Oregon—Mountain or Spotted Fever as Seen in Idaho and Eastern Oregon.

W. T. Williamson, Portland, Oregon—Subject not announced.

Ernest F. Tucker, Portland, Oregon—Tubercular Peritonitis.

Wm. House, Portland, Oregon—Stokes-Adams Disease, or Heart Block.

E. A. Pierce, Portland, Oregon—Sanatorium Treatment of Tuberculosis in the Northwest.

K. A. J. Mackenzie, Portland, Oregon—Subject not announced.

Portland City and County Medical Society.

The City and County Medical Society met in the Chamber of Commerce building April 3, 1907, and was called to order by President Yenney.

Minutes of the previous meeting were read and approved.

Members present: Drs. Amos, Buck, French, Hill, Hosmer, Holden, Irvine, King, Marsh, Nichols, Nunn, Payne, Smith, Sternberg, Taylor, Timms, Tamiesie, and Yenney.

Visitors present: Drs. Hyde and Tamiesie, of Hillsboro.

Election of members. Dr. Robert Ellis, graduate of Harvard Medical College, June 25, 1902. Elected by unanimous vote. Dr. A. M. Webster, graduate of the University of Minnesota, June 2, 1904. Elected by a unanimous vote.

The paper of the evening was read by Dr. Edna Timms, and appears elsewhere in this issue, viz: Puerperal Infection.

Discussion.

Dr. Holden said he was interested in the paper; had never had a case in his own practice, but from the present treatment of asepsis, infection has practically been droven from the field. Recited a case brought to Portland for treatment from infection by midwife, which died before morning.

Dr. Amos, speaking of the secretions of the vagina being aseptic, said he did not think it true, as he had found many of the colon group

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present in some of his cases. Recommended that when the infection involved the uterus and local application called for, to use carbolic acid, applied through a Ferguson speculum, alcohol used a counter irritant.

Dr. Tamiesie said he objected to one statement, that of infection from other than a vaginal examination. Had seen many cases in the country frequently from ordinary cleanliness, which, if left alone, would be free from such infection.

Dr. Buck said he had a patient infected from a bedpan. Takes issue with the writer upon the question of vaginal douches. Thinks better results can be gotten from saline than from antiseptic solutions.

Dr. Timms, in closing, said she thinks irrigation good, but that in the use of antiseptics none can be used sufficiently strong to kill all bacteria.

Cases in Practice Related by Members

Dr. Holden reports a case of a girl 15 years old, strong and well until Thanksgiving day, at which time vomiting commenced until two weeks ago; vomited contents consisting of food eaten two or three days previously. Loss of weight was from 127 to 75 pounds. The stomach could be observed rolling itself into a mass, endeavoring to force food out. Mayo's operation was done for pyloric obstruction. Patient recovering nicely.

Dr. Sternberg said he would like to ask if there was an epidemic of goitre in town, as he had run across so many cases recently, many being of the exophthalmic type.

Dr. Amos reports two cases of Hodgkins disease, neither of which ever had any venereal trouble. Would like to inquire how common it is?

Dr. King said he saw a case that was sent him by Dr. Gillette for urticaria, glands of the groin enlarged, those of the axille commencing enlargement. Man was a mechanic, and did not want to stop work; exhaustion, however, compelled him. The disease ran a rapid course, and he died in six months.

Dr. Nunn reported having had two or three cases of goitre, one the most pronounced exophthalmic he has ever seen.

Miscellaneous Business.

Secretary read a letter from P. H. Scullin, secretary National Industrial Peace Association, stating that their representative would be present, and if agreeable would like to set forth what the association is trying to accomplish. This was voted him by the society, and the gentleman explained their purpose and what they are trying to do.

Moved that the society declare itself in favor of the position taken by the Association, and that the secretary be instructed to write them a letter to that effect. Carried and so ordered.

Moved that in view of the numerous reports read in the daily papers recently in reference to interviews pertaining to cases and society news in general, that the members of this society, when approached by reporters, be refrained from giving such reports, but who will respectfully refer them to the secretary of this society, who will see that when such news is desirable to be given, that it shall be absolutely correct.

ALLAN WELCH SMITH,
Secretary.

Portland City and County Medical Society.

City and County Medical Society met in the Auditorium of the Chamber of Commerce Building, April 17, 1907, and was called to order by President Yenney.

Minutes of the previous meeting were read and approved.

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Members present: Drs. Amos, Barton, Bell, Buck, Coffey, Dammasch, Ellis, Geary, Hill, Hosmer, Hamilton, House, Holden, Jones, Josephi, Labbe, Mackenzie, Marcellus, Marsh, Ray Matson, Herbert Nichols, Ostrander, Pierce, Payne, Rand, Start, A. W. Smith, Swennson, Tucker, Tilzer, White and Yenney.

Visitor. Dr. Hyde.

Proposals for membership: Dr. Geo. F. Koehler, graduate P. & S., New York, 1889; address, Fliedner building. Recommended by Drs. Richard Nunn and F. B. Eaton.

The paper of the evening was read by Dr. Ralph Matson, viz: "The Diagnosis of Tuberculosis by Examination of Blood and Body Fluids."

Dr. Matson said: One has to have personal knowledge of the tremendous amount of labor called for in scientific research, to fully appreciate the vast amount of energy expended in producing this paper, with its illustrations, maps, figures, etc. This work of immunity has carried us into a field of complicated detail work and endless technique, as well as having introduced us to many newly coined technical terms, chief of which is that of Opsonic Index.

It has been shown that the rate of ingestion of bacteria by polynuclear white blood corpuscles, depends upon the extent to which bacteria have been previously acted upon by some substance existing in the serum, to which the name Opsonin has been given. Profs. Wright and Douglas used this term to designate the substances which they thought prepared bacteri for Phagacytosis.

There appears to be a separate opsonin for each variety of bacteria, the bacteria in question being staphylocci, pneumococci, coli dysentery, anthrax, pestis, typhoid, tubercle, comma bacillus; diphtheria xerosis being found insensitive to opsonic action. The action of opsonin consists in so changing bacteria and other cells that they by chemical means most likely diminish the surface tension of leukocytes, and bring about phagacytosis. Generally speaking, human blood is richer in opsonins than that of animals. Dr. Amberg's observations upon breast-fed babies at Johns Hopkins Hospital found their opsonic content to be higher than the average adult; he suggests this is probably due to continuous digestion.

Wright & Reed classify tubercular cases into strictly localized, and cases of constitutional disturbances. In the former the opsonic index is uniformly low, while in the latter it is continuously varying. Low opsonic indices registered in connection with active tuberculosis, are called negative phases, while the high indices would be a positive phase.

Normal indices being a period of transition between the negative and positive phases. By a Phagocytic test of small injections of tuberculin, we are able to make positive observations upon early infections. By observing the fluctuations of this opsonic power from low to high indices like the swinging of a pendulum, according to the various phases we can determine the degree of infection, and the conveyance of tubercular elements into the blood.

Dr. Labbe opened the discussion. Said that in medicine we have only a few facts we can depend upon. First came the clinical thermometer, then the discovery of bacilli; now we reach a point which places medicine upon an exact basis. Here you have a case in a negative phase. Has he commenced to recover, or is he just running along in this phase? Patients should be thoroughly examined to declare in what phase their

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case may be, whether negative or positive. Opsonic index is found to be much higher in the breast-fed baby than in the bottle-fed child. We are not giving the antitoxines now in the more acute forms of infection, as that of streptococcus, but using the toxines instead. Many cases of mixed infection are being observed, usually running a high temperature, and mixed with other than that of tubercular infection.

Dr. Pierce. Reports a case in connection with Dr. Matson's paper, of a Mr. F., who came for examination January 5, 1907. Grocery clerk, age 26; normal weight 140 pounds, now reduced to 131; brother and sister died of tuberculosis. No cough, no involvement, except glands of neck enlarged. No sputum. Even temperature 98 1-5 to 98 3-5. Respiration 20. Patient placed upon raw eggs, meat and good food, lived in a tent at home. Rest and tinct. ferri chloride prescribed, with no improvement noted. All treatment stopped and patient treated with tuberculin with marked effect.

Dr. Jones said he had the opportunity of observing some 30 cases while working in Prof. Wright's laboratory. The latter stated that he would not feel justified in using at that time tuberculin in a case unless it be localized, or in case of Lupus. Has treated several cases here, one being treated without any regard to opsonic index, with good result, and thinks patient now free from all trouble. Another case of tubercular kidney, bacilli being found in urine in clumps, patient treated with regards to opsonic index; three examinations fail to find any germs and patient doing well.

Dr. House thinks we should give Dr. Matson a vote of thanks for his able paper. Would like to ask if tuberculin arrests the temperature in causing a fall of opsonic index, and vice versa.

Dr. Tucker would like to ask if phagocytosis goes with the living as well as the dead bacilli?

Dr. Amos would like to ask if outdoor treatment is to be recommended in treatment by opsonic index, as he has treated two cases in this way without any marked effect.

Dr. Coffey said that he does not think that many of the serums are true antitoxines. Take a case where there is a wound of the upper or lower extremities, and administer streptococcus serum, you will notice a change in the general appearance of the wound at once, as well as that of discharge. As I understand this class of work, is it for the regulation of treatment, or for increasing the power of resistance to the invasion of tubercular germs?

Dr. Matson, in closing the discussion, said he had confined all his inoculations to localized cases, and has never used this method in pulmonary tuberculosis.

Cases in practice related by members, none.

Miscellaneous Business.

Dr. Labbe moved that the President appoint a committee to draw up suitable resolutions upon the death of Dr. Robbins. Carried. President appointed Drs. Labbe, House and Marcellus.

Dr. Hamilton, Secretary State Medical Society, announced that the annual meeting of this Society be held at Seaside, July 12th and 13th, which all members of this Society are cordially invited to attend.

Dr. Coffey read a petition from the Visiting Nurses Association, asking for co-operation of this Society in having the Circuit Court establish a County Hospital, others to assist in this work being the Academy of Medi-

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cine and the Chamber of Commerce.

Moved by Dr. Coffey that the Society appoint a committee consisting of the President, Secretary and Dr. Geary, to report upon this work.

Dr. Geary said he was heartily in favor of this work, but asked to be relieved from serving on this committee, as by so doing he might impair his usefulness from other sources.

Dr. Amos moved that Dr. Coffey's name be substituted. Carried.

Dr. Barton extended an invitation to all members of this Society to attend the meetings of the Academy of Sciences, which hold their regular meetings in the City Hall.

Moved we adjourn.

ALAN WELCH SMITH,
Secretary.

Portland City and County Medical Society.

The City and County Medical Society met in the Auditorium of the Chamber of Commerce May 1st, 1907, and was called to order by President Yenney.

Minutes of the previous meeting were read and approved.

Members present. Drs. Amos, Buck, Briggs, Coffey, Goray, Hamilton, Holden, Irvine, Jones, Johnson, Manion, Clarence Nichols, Herbert Nichols, Payne, Sheldon, A. W. Smith, Sternberg, Swenson, White, Whiteside, Yenney.

Proposals for membership: Dr. C. D. Sewell, graduate Cooper Medical College, 1906. Recommended by Drs. A. E. Rockey and A. Tilzer.

Election of members: Dr. Geo. F. Koehler, graduate of Physicians and Surgeons College of New York, 1889. Elected to membership by unanimous vote.

The paper of the evening was read by Dr. Herbert Nichols, "Tubercular Adenitis."

Scrofula is no longer known as blood taint, but an inflammation of the lymphatic glands, and better known as Tubercular Adenitis. The autopsies at the childs' hospital in Vienna during the last eight years reveals the fact that over half these subjects have latent tuberculosis, in the bronchial and mediastinal glands. This is explained by the fact that the bacilli by gravity fall to the floor and are then taken up by the children in crawling. This likewise has been demonstrated upon rabbits by placing them at different elevations from the floor, those at the lowest levels being the chief sufferers. Tubercular bacilli entering a lymphatic gland may remain dormant for years, then assuming activity, give rise to the characteristic lesion. Emphasis is placed upon a thorough and general examination, many cases being overlooked in a superficial examination and dismissed as trivial. General treatment is advocated, not by any means allowing it to stop with local applications or surgical procedure. Forced feeding, fresh air, moderate exercise are all beneficial, and the time to commence them is as soon as the diagnosis is made.

Dr. Jones said that he considered the injection of tuberculin the treatment for Tubercular Adenitis. Has never seen a case fail when treated properly, and thinks the time past when we are to have tubercular scars on the neck.

Dr. Whiteside said that Tubercular Adenitis has a universal bearing upon general tuberculosis. Has seen a case such as reported in the paper which later spread and became general. Thinks there is a field in surgical tuberculosis that will never be overcome by any antitoxine.

Dr. Coffey said he had recently seen a case of tubercular intestine which had been overlooked because

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there was never any cough or temperature. Said he had great faith in the serum, but thinks the surgical field not yet interfered with, there being more local than general cases. He uses in such operations the extensive radical excision.

Dr. Swenson said he thinks there is a medical as well as a surgical side to Tubercular Adenitis, and that much of the trouble can be eliminated by removing the tonsil as well.

Dr. Goray said the cervical glands generally break down when infected, or have to be taken out, leaving a bad scar. Thinks it a good plan to remove all connecting glands as well, such as adenoids, tonsils, etc., when the trouble clears up.

Dr. Holden thinks the spring months produce the greatest number of infected cases. Reports a case operated upon where all the glands on one side of the neck were removed, many of them adherent to the jugular vein. Thinks by sewing up the platysma separately we do not get an unsightly scar.

Dr. Nichols, in closing, said he thinks the opsonic index test too much trouble for the general practitioner, but believes that tuberculin would become the universal treatment, had the man in general practice the time to observe cases closely. Thinks the spring produces more cases because of the marked increase in tonsilitis.

Dr. Amos exhibited a case of Hodgkins' Disease. Male, age 31. Occupation, tailor; married; normal weight 190 pounds; super clavicular glands, as well as those of the left groin, much enlarged; appetite poor; skin pale; liver enlarged; spleen normal in size; no venereal taint; headaches at night; fever, great weakness. First call made December 25, 1906.

Dr. White said he had seen a case treated at Philadelphia with the X-ray, but without marked effect. Thinks Fowler's Solution and iron the only hope.

Dr. Jones recommended that Dr. Amos keep a very close watch upon this case and get a post for the benefit of the profession, as all such cases should be worked up from a pathological standpoint.

Dr. Whiteside reports a case of a nurse suffering from pain over left kidney; examination showed clear urine from right, and pus coming from the left kidney. Was unable to isolate the tubercular bacilli. Thinks it best for her to follow a serum treatment, provided in the end she obtains a sound kidney.

ALAN WELCH SMITH,
Secretary.

Pierce County Medical Society.

At the meeting of the Pierce County Medical Association, held in the parlors of the Tacoma Hotel on Tuesday, May 7, 1907, at 8 P. M., Dr. Hutchinson was elected a member of the society.

Symposium on Headaches.

Dr. Ivan P. Balabanof: No symptom is more common in diseases of the ear, nose, and accessory sinuses than headache in some form. In a normal condition, the membrana tympani is extremely sensitive to any variation of the sound wave impulse transmitted to it through the external auditory canal. Because of the unbroken transmission of this impulse from the membrana tympani to the organ of Corti, thence by the auditory nerve to the center of hearing in the cerebellum, any inflammatory condition will cause unpleasant symptoms in the head.

The intimate relation of the organ of hearing with the central nervous system is well established and clin-

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ically proven. For instance, in some cases a foreign body, or if cerumen be lodged in the external auditory canal, there may be the most intense headache caused thereby. In acute aural disease, with headache, the ear-trouble is very seldom overlooked, because the pain is referred to the ear; whereas, in chronic cases, the pain may be referred to other parts of the head, therefore the diagnosis is difficult and uncertain.

Obstruction in the Eustachian tubes often cause a feeling of fullness in the middle ear and may be accompanied by a persistent headache of a dull, heavy character. The hearing in these cases is frequently greatly impaired. In such cases, a careful inspection of the external auditory canal and drumhead would establish the diagnosis. Often a simple inflation of the middle ear will give temporary and sometimes a permanent relief.

In obscure headaches in children, the naso-pharynx should receive careful inspection; and, if adenoids be found, they should be removed.

In acute inflammatory conditions of the middle ear, the headache symptom is very prominent. It may be confined to the ear, or it may extend to the entire one-half of the head. In proportion to the pressure produced by the inflammatory products in the middle ear, the headache becomes intolerable and lancinating in character. The pain may radiate to the vertex, forehead, or occipital region. In these acute cases, the headache is often completely relieved by the spontaneous rupture of the drum, or by paracentesis and Politzerization of the middle ear.

In chronic cases, where the inflammatory process has existed for years, one finds the pneumatic cells of the mastoid process entirely obliterated and sclerosed; the antrum and the epitympanic space fill with exfoliated epithelium and other products of the long continued suppuration. When this cholesteatomatous mass has been accumulating for months and years, it becomes very dry and compact. The patient experiences a dull, heavy sensation which occasionally may assume a most acute form when headache becomes unendurable,—and yet there may or may not be any tenderness over any part of the mastoid process. Most generally, the pain will be deep-seated in the front or back of the head and to radiate to the vertex. In these cases, the pain-symptoms may be aggravated by syringing, especially if peroxide of hydrogen be used,—which, by causing the mass to swell, increases the pressure.

In caries of the temporal bone, especially when complicated with granulations in the middle ear, headache is a common symptom.

In the acute and chronic diseases of the nose and accessory sinuses, headache is a frequent and distressing symptom.

In acute sinuitis, it is not unusual to find all the sinuses on both sides involved, whereas, in the chronic form, only one or two are affected, the others remaining normal.

In acute rhinitis, an acute inflammation of the lining membrane of all the accessory sinuses is a common occurrence. This condition may be caused by influenza, pneumonia, scarlet fever, measles, and other infectious diseases. Any mechanical or pathological obstruction in the nose may be followed by suppurative sinuitis. * * * The antrum, the largest of the accessory sinuses, is frequently infected from the extension of the carious roots of the bicuspid and molar teeth. An acute empyema may be induced by traumatism, necrosis, syphilis, or malignant growth in the nose or sinuses. * * * In

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acute rhinitis, complicated by sinuitis, the most important symptoms are: discharge and pain. The character and quantity of the discharge varies, according to which of the sinuses is involved and the length of time the inflammation has existed. In the earlier stages, the secretion is a thick, whitish, gelatinous muco-pus. In the more chronic stage it becomes more purulent in character, and the amount of the discharge depends on the number of the sinuses involved. * * * The discharge coming from the antrum, the frontal sinuses, and the anterior ethmoidal cells, follows the same route in its exit through the nose and is seen in the middle meatus between the middle and the inferior turbinates. Discharge, coming from the posterior ethmoidal cells and the sphenoidal sinus, is seen flowing over the posterior wall of the naso-pharynx; or, if the head is bent forward, the discharge may appear in the anterior nares. The headache symptoms in these cases varies from a dull ache to an excruciating, throbbing pain. This pain may be limited to the sinus where the tension is greatest, or it may radiate to the vertex, the external auditory canal, the mastoid or the occipital region.

In suppuration of the antrum, there is often a feeling of soreness in the infra-orbital and molar regions. Supra-orbital pain is often complained of, though the frontal sinuses are not involved. The teeth of the affected side often ache, although perfectly sound.

In acute inflammation of the frontal sinus, the pain is most intense above and between the eyebrows. Percussion over this region elicits extreme tenderness. If the sinus be divided by a longitudinal bony septum and the inflammation be confined to one side, percussion over the healthy side causes no pain. Pressure on the orbital plate of the diseased side causes greater pain than does percussion over the vertical portion of the sinus. It is not uncommon in these cases to have the pain reflected to the ear, side of head, or to the mastoid region. While the pain lasts, the headache is greatly increased by blowing the nose.

In acute ethmoiditis, the pain is referred to the lower part of the forehead, at the root of the nose, and back of the eyes, radiating through the entire head and accompanied by a great deal of throbbing.

In acute sphenoiditis, which usually accompanies the ethmoiditis, the pain is referred to the base of the brain, to pressure back of the eyes, and occasionally to the occipital or the frontal region.

When more than one of the accessory sinuses are diseased, the patient complains of a general headache; and, at different times, the maximum pain may be referred to different parts of the head. In chronic suppuration of any one or all of the accessory sinuses, together with the atrophic rhinitis, which frequently accompanies this condition, the patient complains only of the excessive purulent discharge, which is blown from the nose, or, which drops back into the naso-pharynx.

Malignant growths cause the usual obstruction and pressure symptoms. When such growths are progressing rapidly the symptoms of pain are marked and constant.

In ulcers and malignant growths of the naso-pharynx, pain is often present and lancinating in character, and shooting up to the ear on one or both sides.

Dr. Balabanoff then exhibited a very fine anatomical specimen, giving

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a practical illustration of the subject-matter covered.

Academy of Medicine.

The meeting of the Academy of Medicine on May 9, 1907, was called to order by the president.

Members present: Drs. J. T. Bell, K. A. J. Mackenzie, A. J. Giesy, O. S. Binswanger, F. B. Eaton, J. F. Dickson, G. S. Whiteside, A. W. Smith, J. D. Fenton, R. Nunn, E. D. Johnson, J. A. Gilbert, A. E. Mackay, C. S. White.

The paper of the evening was read by Dr. F. B. Eaton, viz: "Relative Value of Medical and Surgical Knowledge to that of the Laboratory."

Dr. Gilbert showed a specimen of a brain tumor.

Drs. R. C. Matson, A. H. Johnson, J. M. Short, J. O. C. Wiley, Geo. Ainslie, E. A. Pierce and W. T. Williamson were elected to membership.

Drs. Nunn and Mackenzie reported cases in practice.

A. E. MACKAY,
Secretary.

Doctors of Silver Bow Commend Health Officer.

The Silver Bow County Medical Society has passed these resolutions of commendation of Dr. T. J. Sullivan as health officer:

"Whereas, Dr. T. J. Sullivan, city health officer, is about to close his term as health officer of Butte, Mont., and,

"Whereas, Dr. Sullivan, during his term of office, has given perfect satisfaction both to the people of Butte and the physicians of Butte, and has established a reputation second to none in his conduct of the health office of Butte; therefore, be it

"Resolved, That Silver Bow County Medical Society extends its thanks for the able manner in which Dr. Sullivan has conducted the health office and thereby placed our city among the first in the scientific, up-to-date administration of the health offiec; and, be it further

"Resolved, That these resolutions be spread upon our records and that they be given to the press for publication.

"I. DONNELLY, M. D.
"J. B. SULLIVAN, M. D.
"R. C. MONAHAN, M. D."

Alumni Enjoy Banquet.

As a fitting close to the fortieth commencement exercises of the medical college of Willamette University, the Alumni Association of the department gave its first annual banquet at The Angelus May 1st, and the affair proved a most delightful one. Invitations had been sent out to the Alumni whose addresses were obtainable, and many responded. The Medical Department of the University is the oldest continuous medical college west of the Mississippi river and numbers among its alumni some of the ablest practitioners in the Northwest. The school is earning a reputation for thorough work, and the members of the Alumni are enthusiastic over the prospects of the school, and are loyal to thier alma mater. The affair was well attended, and an atmosphere of loyalty to the old school and good fellowship prevailed.

Previous to the banquet the "Alumni Association of the Medical Department of Willamette University" was formally organized and a constitution and by-laws adopted and officers elected. The officers chosen for the ensuing year were as follows: President, Dr. E. D. Johnson, '97, of Portland; vice-president, Dr. C. T. Hock-

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ett, of Cottage Grove; secretary and treasurer, Dr. A. E. Tamiesie, '02, of Salem. Some routine business was transacted, after which the banquet was held.

After the banquet had been served the guests were addressed by President E. D. Johnson, who spoke in his usual felicitous manner. Dr. Johnson congratulated the institution upon its progress since the days of his graduation and referred with pride to the thorough kind of work done by the college and predicted glorious results in the future. Dr. Johnson has been most zealous in his efforts to bring about the formation of the alumni association, as he felt that the old graduates would be glad to return to their alma mater with increased loyalty as the years go on, and that acquaintances would be renewed and new ones formed which would all work for the good of the medical college. The organization of the alumni association, he believed, would prove a splendid advertisement for the college and would assist to put it in the front rank of medical colleges in the West.

Dr. Johnson made a most acceptable toastmaster and the following toasts were happily responded to by some of the physicians present:

"How It Feels to Be Dean," Dr. W. H. Byrd, '81; "Let No Guilty Man Escape," Dr. W. T. Williamson, Portland; "How Soon Should a Doctor Marry," Dr. J. N. Smith, '81; "The Reason Why," Dr. Andrew C. Smith; "How It Was in the Beginning," Dr. W. Carlton Smith; "How I Did It," Dr. W. D. McNary; "X-Rays of Hope for Young M. D.'s," Dr. J. A. Richardson; "Time's Noblest Offspring Is the Last," Dr. R. R. Hamilton, '07; "The Alumni," Dr. L. F. Griffith; "The Physician as a Public Speaker," Dr. J. L. Hill, of Albany; "The Medical Department as It Used to Be," Dr. Charles E. Hill; "Why I Would Like to Be an Alumnus," Dr. E. A. Pierce; "Remarks," Senator C. W. Fulton.

It is the desire of the Association that the Alumni of the Medical Department of Willamette University send their addresses to the President or Secretary.

Medical Licenses.

In the recent examination conducted by the State Medical Board, May 8, 9 and 10, only 24 applicants for license to practice in this state, out of 55 candidates, were able to pass the test. They were: John G. Abele, Clara W. Young-Reames, Carl J. Hoffman, John S. Thomas, Harry O. Lamb, Benjamin L. Norden, Joseph E. Kane, William M. Killingsworth, Jr., Willard N. Morse, Jr., William E. Smith and Samuel M. Gellert, Portland; Harry C. Randle, John L. George and R. B. Hamilton, Salem; August M. Kinney, Astoria; Verdo B. Gregory, Elkhorn, Wis.; Horace M. Patton, Parkersburg, W. Va.; Francis G. Swenburg, Rock Elm, Wis.; William L. White, Pullman, Wash.; Joseph A. Pargon, of the Government Indian Service; Thomas W. Kirby, Saut Ste. Marie, Mich.; Henry Irvin, Encampment, Wyo.; George V. Ellis, Medical Lake, Wash.; Frank F. Casseday, St. Paul, Minn.

Acupuncture, followed by the application of the Bier cup is an excellent way of relieving dropsy of the legs.—American Journal of Surgery.

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Book Reviews

Psychology Applied to Medicine. Introductory Studies. By David W. Wells, M. D., Lecturer on Mental Physiology, and Assistant in Ophthalmology, Boston University Medical School; Ophthalmic Surgeon, Massachusettts Homeopathic Hospital, Boston; Oculist, Newton (Mass.) Hospital. Illustrated, nearly 200 pages, with Bibliography and Index. Philadelphia: F. A. Davis Co., Publishers, 1907.

The matter presented in this book is an attempt to bridge over the gap between psychology and medicine. The psychological aspect has been postponed, not merely to a post-graduate period, but more often to a post-practical period. The work seeks to supply the existing lack in the literature of the subject. Medical technicalities have been avoided as much as possible, as the author seeks an audience among that constantly growing class of the laity which recognizes an underlying truth in psychic therapeutics. Its mission is to give attention to the psychic side of therapeutics, as distinguished from the physical.

Paraffin in Surgery. A critical and clinical study by Wm. H. Luckett, M. D., Attending Surgeon, Harlem Hospital, Surgeon to the Mt. Sinai Hospital Dispensary of New York and Frank I. Horne, M. D., formerly Assistant Surgeon Mt. Sinai Hospital Dispensary. 12mo.; 38 Illustrations; 118 pages. Surgery Publishing Co., 92 William street, New York Cty. Cloth, $2.00.

This book covers a special field of surgery of absorbing interest both to the surgeon and general practitioner. The research and original investigations made by these authors in the use of paraffin have exploded many fallacies previously maintained. It presents the Chemistry of Paraffin, the Early Disposition of Paraffin in the Tissues, Physical State of the Paraffin bearing on its Disposition, the Ultimate Disposition of Paraffin, Technic and Armamentarium. It thoroughly covers the use of Paraffin in cosmetic work, such as Saddle Nose Deformity, Depressed Scars, Hemiatrophia Facialis, with a large number of photographs showing cases before and after operation, with illustrations of micro-photographs of the Disposition of the Paraffin in the Tissues. It also presents other conditions of a functional character, where Paraffin can be used with service such as Inconstinency of Urin, Umbilical, Hernia, Umbilical and Vantral Hernia, Epigastric Hernia, Inguinal Hernia, Epigastric Hernia, Inguinal Hernia, etc. The subject is presented in a scientific yet comprehensive manner.

Full details are given as to the method and manner in which it should be injected. This book presents a wide field for the use of Paraffin and a copy should be in every physician's library. It is printed upon heavy book paper and attractively bound in the best quality of heavy red cloth, stamped in gold.

Physical Diagnosis, With Case Examples of the Inductive Method. By Howard S. Anders, A. M., M. D., Professor of Physical Diagnosis, Medico-Chirurgical College, Philadelphia, with 88 illustrations in the text and 32 plates. New York and London: D. Appleton & Co., 1907.

In these pages, the author enlarges upon and emphasizes the physical methods of observation of the individual's bodily organs and their functions. He says that students are more apt to scrutinize the chemical

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and microscopic aspects of a patient's secretions and excretions than to perceive and analyze his physical signs and objective symptoms. Proper emphasis has been given by Dr. Anders to the value of inspection, a point too often neglected, and also mensuration, especially as is useful to medical examiners for life insurance. Methods of percussion are described in detail. There is a most valuable article on Stethoscopes and the relative advantages and disadvantages in auscultation. There are tables of Differential Physical Diagnosis, and a graphic chapter on Heart Murmurs. There are many plates of X-ray illustrations, the finest ever shown in a work upon Physical Diagnosis.

The author believes that a majority of students who graduate from our medical colleges fall far short of an adequate knowledge of the facts, principles and clinical importance of physical diagnosis, and of practical training in the technic of the methods of physical examination. He endeavors, and that very ably, to in a measure remedy this lack.

The Treatment of Skin Cancers. By W. S. Gotheil, M. D., Adjunct Professor of Dermatology at the New York Post-Graduate Medical School and Hospital, etc. Third edition, revised and enlarged. Published by the International Journal of Surgery Co., New York.

Experience has commended to the author the caustic method of treatment, and in this work he has particularly elaborated this method. At the same time he has not neglected any of the important therapeutic measures that are employed, and in his later edition he has paid special attention to the X-ray, radium, and the high tension current as means of treatment of cancer of the skin. The illustrative matter in this edition has been largely increased. This monograph is very useful to the general practitioner.

Text-Book of Psychiatry. A Psychological Study of Insanity for Practitioners and Students. By Dr. E. Mendel, A. O. Professor in the University of Berlin. Authorized Translation. Edited and enlarged by William C. Krauss, M. D., Buffalo, N. Y., President Board of Managers Buffalo State Hospital for Insane; Medical Superintendent Providence Retreat for Insane; Neurologist to Buffalo General, Erie County, German, Emergency Hospitals, etc.: Member of the American Neurological Association. 311 pages. Crown octavo. Extra cloth. $2.00 net. F. A. Davis Company, Publishers, 1914-61 Cherry street, Philadelphia, Pa.

While there is no lack in Germany of excellent works on psychiatry, they have been deemed too comprehensive for the student attending clinics, and for the young physician who is subject to examination. The author's object is to bring cases demonstrated at the clinic into the general perspective of psychiatry, and to enable the student to fill up the gaps which the clinic must necessarily omit in the limited time given. The author has had thirty years experience in teaching psychiatry, and this work is the result of his experience. It will meet a ready welcome in this country. The translator has done his work well.

A Treatise on the Practice of Medicine. For Practitioners and Students. By Arthur R. Edwards, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Northwestern University Medical School, Chicago. Octavo, 1328 pages, with 101 engravings and 19 plates. Cloth.

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$5.50, net; leather, $6.50, net. Lea Brothers & Co., Philadelphia and New York. 1907.

It is a broad and well tilled field that has been chosen by Dr. Edwards. The author has for years occupied one of the most important chairs in the country, and his skill in filling it is manifested by his steadily increasing classes. An effort is made by the author to deal with his subject systematically, from its main divisions down to the subordinate paragraphs. An unusual amount of space is devoted to treatment, to the detailed consideration of drugs and to numerous formulae and prescriptions ready for the student to use or improve upon. The physiological action of drugs has been dwelt upon carefully. A large number of tables is given, setting forth the differential diagnosis of diseases likely to be confused. Nowadays the border lines of surgery and medicine overlap, and the practitioner, internist and surgeon, must be familiar with the province of each other. For this reason, as far as the scope of the work admits, surgical indications and results are introduced.

A Practician's Hand-Book of Materia Medica and Therapeutics. based upon established physiologic actions and the indications in small doses. By Thomas S. Blair, M. D. Over 250 pages, bound in limp library cloth. Price, $2.00 net. Published by The Medical Council, 4105 Walnut street, Philadelphia, Pa.

The author tells us that he attempts to exploit no pathy, issue or fanciful theory, but seeks in this work to gather together what is of practical account in the recorded investigations of all schools of practice bearing upon the clinical use of small doses of the drugs suitable for such employment. This is a volume of suggestions and not one of principles, and has much to commend it to the practitioner.

Thornton's Pocket Medical Formulary. New (8th) edition, revised to accord with the new U. S. Pharmacopoeia. Containing about 2000 prescriptions with indications for their use. In one leather bound volume. Price, $1.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907.

This is a valuable little book for the pocket, suggestive for the physician. The diseases are arranged alphabetically, and under each formulae are given for simple cases, as well as for the various stages and complications, with quantities in both the ordinary and the metric systems. Critical study has been given to each formulae in all its parts, as well as to palatability and compatibility. The physician will value it as a reminder. The fact that this is the eighth edition of the work testifies to its recognized value.

Osborne's Introduction to Materia Medica and Pharmacology. An introduction to the study of Materia Medica and Pharmacology, including the Elements of Medical Pharmacy, Prescription Writing, Medical Latin, Toxicology and Methods of Local Treatment. For the use of Students of Medicine and Pharmacy. By Oliver T. Osborne, A. M., M. D., Professor of Materia Medica, Therapeutics and Clinical Medicine in Yale University, ex-President of the American Therapeutic Association, etc. In one 12mo volume of 167 pages. Cloth, $1.00, net. Lea Brothers Co., Publishers, Philadelphia and New York, 1906.

Dr. Osborne is so well known in the field of practical and scientific therapeutics that the appearance of his name on the title page of any

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book will ensure it careful reading. The object of this little book is to introduce the student to the study of Materia Medica and Therapeutics from the most practical standpoint. It commences with a short section on Experimental Pharmacology intended as an introduction to the laboratory course. The next section, on the Action of the Important Drugs, is arranged alphabetically to allow the instructor free choice of the drug he will demonstrate and furnishes to the student a quick and convenient reference to the physiological action of each drug. The section on Pharmacy explains the important preparations of the United States Pharmacopoeia. The doses are given in both systems and preparations are grouped according to the size of the dose, this perhaps being the best means of helping the student to remember them. The sections on Poisoning, Weights and Measures, Latin Abbreviations, Prescription Writing and Dosage are all of great importance to the future practitioner of medicine and are all subjects which in the usual medical course do not receive the attention which they deserve. The latter part of the book, which briefly describes the various methods of locally treating different parts of the body, will be found exceptionally valuable, and belong in a book of this introductory type rather than in a larger work.

The Medical Era's Special Editions.

The Medical Era of St. Louis will conform to its usual custom and issue its yearly series of special Gastro-Intestinal numbers, embracing July and August. The August issue will be given entirely to the consideration of every phase of typhoid fever. The series will contain about 35 or 40 practical papers, and will contain a large amount of valuable information.

If American reputation is established in any particular, it might be thought to be for haste and "hustling," but Mr. H. W. Horwill, in an article on "Leisurely America," which The Living Age for May 11 reprints from the Monthly Review, insists that the American characteristics have been misunderstood in this respect, and gives some amusing instances to prove his case.

Tenderness over the gall-bladder region, especially if accompanied by colicky pain, usually means a pathological condition of that organ. But an inflamed retrocecal appendix extending up, hydronephrosis, acute pancreatis, and an inflammatory condition at the pyloric end of the stomach are also to be kept in mind. —American Journal of Surgery.

In applying the Bier treatment for deep abscesses, it is advisable to put a drainage tube into the bottom of the abscess cavity instead of trying to force the pus through a long collapsing sinus.—American Journal of Surgery.

In acute intestinal obstruction it is far preferable to relieve the immediate danger to life by tentative enterostomy or colotomy than to hunt for the cause of the obstruction.—American Journal of Surgery.

When wet dressings are needed on hairy areas it should not be forgotten that they predispose the hair follicles to infection.—American Journal of Surgery.

Do not exclude the diagnosis of extrauterine pregnancy merely because vaginal examination reveals no mass in the pelvis.—American Journal of Surgery.

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Correspondence

Hyoscine-Morphine-Cactin Anesthesia.

Editor Medical Sentinel:

I wish to report, for the benefit of your readers, a series of cases in which the hypnotic anesthetic compound was successfully used.

The series contains surgical and medical cases, and the results were uniformly favorable. There have been no noticeable deleterious effects, no cause for anxiety, no vomiting. In the obstetrical cases, pain was materially lessened from one tablet given hypodermically, nervousness removed, patients rested quietly between pains. Labor was easy, child cried lustily soon after delivery, and in no case was there any ill-effect on child.

Case I. Hepatic colic. Patient was relieved in a few minutes, after one hypodermic, perfectly relaxed and slept quietly for eight hours after second tablet. No nausea followed, as was expected by the patient, who had always suffered severely from post-morphine effects.

Case II. Extraction of teeth in nervous woman. One hypodermic in cervical region gave sufficient anesthesia in forty-five minutes to extract nineteen teeth at one sitting.

Case III. In alcoholic delirium after bromides had failed, one hypodermic put patient into quiet sleep.

Case IV. In primipara, 26, after suffering for six hours, one hypodermic of half a tablet brought relief, a second of one tablet in third stage gave complete relaxation, 12-pound boy being delivered without laceration.

Case V. Multipara, 40, previous labors long and severe, with laceration, completely restored by secondary operation, the use of this compound was entirely satisfactory to both patient and operator.

Case VI. Sciatica. Injected deep into sciatic notch, the pain was completely relieved and return of pain delayed three weeks.

Case VII. Double ovariotomy. One tablet injected two hours before operation, one fifteen minutes before, permitted prolonged operation of two hours with eight hours' sleep following, no neausea or vomiting, no complaint of pain during first twenty-four hours, and quite remarkable recovery.

Case VIII. Emergency case, complicated fracture. Relief rapid, first dressing painlessly applied.

Case IX. Gastralgia. One-half tablet gave pronounced relief and quiet sleep.

Case X. Anodyne for painful menstruation. Relief with quiet sleep, and no return of pain during that period.

Case XI. Reduction of fractured humerus. Hypnotice and aneigesic effects.

Case XII. Miscarriage. Curettage. Painless, and all that could be desired.

The H-M-C anesthetic tablet is certainly a great combination, and as put up by The Abbott Alkaloidal Co., absolutely safe and superior to morphine, chloroform or ether in any cases in which the latter are generally used. It is the ideal anesthetic in emergency surgery, in selected cases in hospital practice, in general practice for all classes of cases demanding relief from pain, in obstetrics and all surgical cases except where the operation is very slight.

As an anodyne, it has morphine and atropine left in the stretch.

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There is one caution to be borne in mind—the ingredients of this combination must be pure.

Inject deeply into the tissues. In a stout patient, be sure to inject below the superficial fatty layer. In obstetrics, try one-half tablet for relief in the second stages. One full strength tablet may give too pronounced hypnosis if used early. Full anesthetic effect should be obtained during third stage.

In major operations, a tablet should be given two hours, one hour and in some cases a third injection fifteen minutes before operation. A few drops of chloroform may be administered if patient arouses, but usually none is necessary, a firm command to go to sleep being sufficient. Quiet in the operating room must be maintained.

R. J. SMITH, M. D.
Schenectady, N. Y.

The Tuberculin Test.

C. P. Ambler, Asheville, N. C. (Journal A. M. A, May 18), maintains that the use of tuberculin with proper precautions is the most efficient remedy we have in the fight against tuberculosis, and that is a most valuable early diagnostic test. A tuberculin test will frequently clear up the diagnosis where without it the condition would have remained obscure until the disease had become more advanced, and valuable time had been lost. Experience shows that the more recent case will give a better reaction and to a smaller dose than will one more advanced. All other available means, however, should be first exhausted; not because the test is dangerous or aggravates the disease, but because the depression, fever, etc., of the reaction are not desirable if they can be avoided, and this is especially true in tuberculosis. It is particularly useful, he says, in joint troubles, bone disease, persistent wasting without pulmonary symptoms, chronic pleurisy, bladder trouble, and especially in adenitis. Ambler thinks that the slowly increasing method of using the test is faulty, as sometimes producing a tolerance that interferes with the reaction, and himself gives in the average adult case 2 mg. at the first injection, preferably late in the evening, and continuing the temperature record begun several days before at three or four-hour intervals for two days more. If no reaction has then occurred, 5 mg. are given on the third day. The tuberculin is diluted with an 0.5 per cent. solution of carbolic acid and filtered sterilized water; the local discomfort is slight. The general and local reactions are described, the symptoms are sometimes severe, but may be very slight. The most characteristic sign is the change in temperature. The reaction, as has been said, is less positive in the more advanced than in the recent cases, a certain degree of tolerance or partial immunity having been gained. In conclusion, Ambler reiterates his belief in the efficacy, safety and positive diagnostic value of a properly conducted tuberculin test, and says that, while a failure to react is not proof positive that the disease does not exist, a clearly defined action must be accepted as diagnostic proof of the existence of tuberculosis.

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Extracts

Amputation of the Thigh Under Hyoscine-Morphine-Cactin Anesthesia.

By Henry G. Ebert, M. D., Assistant Surgeon in the Public Health and Marine Hospital Service.

I wish to report the successful use of the hyoscine, morphine and cactin combination as a general anesthetic in an amputation of the thigh in the upper one third.

The tablets used were those put up by the Abbott Alkaloidal Company, and contained Hyoscine Hydrobromide, gr. 1-100, Morphine Hydrobromide, gr. ¼, Cactin, gr. 1-67. Injections (hypodermic) were given two hours, one hour and half an hour before operation. Anesthesia was ideal and complete throughout the operation and for several hours afterward. No ill effects whatever were noticed at any time. Muscular relaxation was not so complete as in ether or chloroform anesthesia so that after the operation no subsequent contraction of flaps took place and there was no more tension on the stitches afterward than at the time they were put in.

If this anesthetic will work in all cases as well as it did in this and numerous others reported in the medical journals, it would appear to be the ideal anesthetic for field use and emergency work where one may be short handed, as it does away entirely with the anesthetist and the space of care necessary in the transportation of ether or chloroform.

The absence of inconvenient aftereffects is a most valuable feature of this preparation in field work, while the ability to perform serious operations promptly is of particular advantage; but of equal utility in active service is the possibility of securing complete rest and anesthesia in cases of injuries too extensive to permit of immediate operative attention, such as in visceral injuries of the abdomen, chest or head. It seems a good thing for the military surgeon and should come into favor with him. —The Military Surgeon.

Water Supply and Public Health.

The first three chapters of a special article on the relations of water supply to the public health appear in The Journal A. M. A., May 18. It was not until the middle of the nineteenth century that the belief became general that certain outbreaks of disease was associated with the drinking water. At that time the famous case of the Broad Street pump afforded proof of this relation in the case of Asiatic cholera,and from this some writers date the beginning of epidemiology. In more recent times, this connection was strikingly shown in the Hamburg-Altona epidemic of 1892-3. Owing to the long period of incubation and the often obscure symptoms, the connection between typhoid fever and drinking water has been more slow of demonstration, but abundant evidence exists, leaving no doubt as to the causal relationship. Besides the classic epidemics, a number of which are mentioned, there is the less direct but very cogent evidence of the death rate from this cause as modified by the water suppuy. Tables are given illustrating this point. The changes that occur in the typhoid rate, with changes in the water supply by cities are also instructive, and cases are cited. Among other diseases attributed to

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water-borne infection, the so-called epidemic diarrhea is conspicuous. Well-defined outbreaks have frequently been traced to the use of polluted water, and striking instances are referred to. The frequency of a prevalence of diarrhea preceding typhoid epidemics is remarked on as less convincing and critical re-examination of the evidence is needed in most of these cases. The degree to which infantile diarrhea is attributable to the use of infected water is an open question, but the possible danger must be recognized. Both bacillary and amebic dysentery are ordinarily water-borne infections, though etiologically and otherwise they are distinct. The rather rare affection known as Weil's disease or infectious jaundice, has been definitely traced to polluted water. Anthrax in animals has occasionally been traced to highly contaminated water. No instance seems to have been observed of human infection in this way. Infection by various animal parasites may result from the contamination of drinking water, especially in tropical regions. The second chapter considers especially the sources of water infection. The most common of these is by admixture of sewage. While street sweepings and factory waste may contribute, the germs are mainly derived directly from human excreta. Most stress is usually laid on contamination of water supplies from urban sources, but rural infection needs also to be considered. Some of the most noted epidemics of typhoid have been from this cause, and owing to the comparative neglect of disinfection in country districts, infection may the more readily occur.

The Function of the Prefrontal Lobes.

The specially psychic function of the prefrontal lobes is emphasized by A. Gordon, Philadelphia (Journal A. M. A., April 27), who sums up the principal symptoms due to its lesions, as admitted by the general concensus of authorities, as follows: Mental hebetude, automatism, excitement and irritability, or else depression, disorientation and loss of power to concentrate attention. He particularly mentions the symptom called moria or Witzelsucht by German authors; characterized by the humoristic spirit shown in the patient's actions and speech. While this may occur with lesions of other parts of the brain, it is, he says, admitted by many writers to be more commonly observed with lesions of the prefrontal lobe than with those of other portions of the cerebrum. He reports the history of a patient, who for years had been partially hemiplegic, but rational. About five days before his death, while sitting at the table, he became suddenly unconscious, and on emerging from this state, showed marked mental confusion, soon followed by a maniacal condition with disorientation, indifference to surroundings, inability to concentrate attention, and marked euphoria. There were no additional paralytic symptoms, but the patient became comatose and died on the sixth day. The autopsy revealed an apparently recent hemorrhage in the white substance of the left prefrontal lobe.

A New Streptothrix Pathogenic fo. Cattle.

Charles F. Kieffer presents a report of a hitherto undescribed streptothrix. This organism was demonstrated in and isolated from the organs of cows. Three cows in a small heard of milch cattle sickened and died within a space of a week. Within a few days other cows belonging to this herd died. On examining the organs the

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writer found that the lungs were markedly congested and contained numerous fairly large consolidated areas. Smears from these areas showed numerous streptothrix forms. The pericardium was much inflamed and thickened, while the inner surface was covered with a thick, shaggy, grayish-yellow exudate. One of these pericardial sacs contained six quarts of pus. The writer then gives a detailed description of the microorganism which he found.—Medical Record.

The Secretary of a County Medical Society.

By John B. Donaldson, M. D.

Show me your secretary and I will tell you whether your society is a success or a drag. If he is prompt, active, and energetic, the society is bound to be a good one. I firmly believe the society is just what he sees fit to make it. Let me qualify this statement; I am speaking of the rural societies, not of the counties that contain large cities where they have a committee on program, etc. I do not want to appear egotistical, and hope you will pardon me for alluding so frequently to my own society, but I know what has been done there, and know the material to do it with.

This is an age of organization, and the profession has awakened to the necessity of doing something along these lines, but the average doctor is a mighty hard man to get interested in anything, especially in a scheme that he thinks will take his time. And, again, he feels that, if Dr. So-and-So is going to run the society, he "won't play." I often have men tell me, "Well, if Dr. Blank is a specimen of your society, I want none of it in mine." Such men are rapidly becoming extinct, thank the Lord, and in a few years they will all be dead or have joined the ranks of the irregulars, where they belong. They remind me of Sam Jones' lecture in which he rips the hypocrites up the back in about this language: "You old Presbyterian brother, out there, that won't speak to your neighbor when you meet him on the road, why, the only reason you ain't in hell is because you ain't dead." And it is so. The chump doctor, who won't speak to his conferee, is rapidly becoming extinct. The young men are not trained along these lines. Why, you and I, old man, were taught to hate a homeopath like a snake. Our professors were men of these strong likes and dislikes, and did us much harm by teaching it. It takes a broad man almost a life time to get such stuff out of his head.

At this first meeting of the secretaries of the component societies of the state, I would like to say something helpful if I could. I want to see this feature of the society kept up, and know it will be productive of much good. The secretary must be a diplomat, and a busy man. To him will almost all grievances come, and it is up to him to pour oil on the troubled waters. You can generally bank on the average kicker not being familiar with the rules of his society, and he generally writes the secretary for instruction, or for a copy of the By-Laws, for he is sure to have mislaid his copy. Answer his letter promptly, but don't hurry up the By-Laws if his point is too well taken. A little time soothes a whole lot, and he won't be quite so mad next week.

As to answering letters, a secretary should never allow a letter to remain over night unanswered. It is simply damnable the way the average doctor treats his correspondence. He pays about as much attention to it as he does to his prayers. He will not an-

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swer at all if it is possible to get out of it. Every secretary here will bear me out in this I know. But for a secretary to be careless in this respect is simply unpardonable, no matter how trivial the request may appear to you. Let your work be systematic in every respect. Your notices must always come out on time. They should be neat and attractive in appearance. Don't send out postal card notices. You don't use postal cards in your own correspondence, and why should your society? We use a sheet, that we have printed for us at the beginning of the fiscal year, with quite a lot of information on it as a sort of letter head. These are printed on one side only, in bulk, and are used for the programs each meeting, leaving a space for writing a few lines if needed. The difference in cost is trivial, and well worth the money. Neater designs will occur to many of you, but I think the idea a good one, and I have been flattered to have men from our own and other states thank me for the idea, which they had adopted. The practitioner is a busy man. His mind is not on society work, and you must keep him posted. You can do it in this way. Tell him every month when the state society and the American Medical Association meet and where. He won't mind it from one month to the next, but keep on telling him. Tell him who the officers are, how many members you have, when you were organized, and such other information as may occur to you that every medical man should know. Keep before him all the time how a man may become a member of the soicety and what he gains by so doing. By and by he will absorb these things and be proud to tell his folks.

For your secretary always pick a busy man. It is a mistake to say, Dr. Blank does not have much to do, and will make a good secretary. The busy fellow is the chap you want. He does not get weary half as soon as the idle fellow, who generally does not have time to answer his letters or pay his bills. Pick a young man if you can get him with the requirements, but don't turn him down if he happens to be fifty and busy.

Once a society gets a good secretary keep him at it until he begins to fag, then turn him down. Many a good society is kept in the mediocrity rank because they don't like to hurt the old secretary's feelings. It is a mistake! Fellow secretaries, as soon as you feel that you can't keep up the pace, resign! Keep up in the interest in your meetings by having a strange speaker every time. The element of curiosity helps bring some. But don't neglect bringing out the young bashful talent of your own men. Make them and everybody else think the program depends largely on them. It is easy if you get them going once. Every society has men that will surprise you if by a little urging you get them interested. Don't have too much on your program. "Enough is as good as a feast," and, if your men go away tired, they don't carry home with them the feeling of satisfaction that you want. If your county is a large one it may be of advantage to have one or two meetings each year in some other town than the regular meeting place, but our experience is that it does not do much good. Men get in the habit of going to a certain place and will not be pleased elsewhere.

Have an attractive place to meet. We have furnished for us by the county, in the court house, a beautiful room, adorned with portraits of our ex-presidents and noted dead.

As to the number of meetings each year, that can not be arbitrarily arranged. We meet bimonthly now,

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having increased the meetings from three to six per year.

A secretary must, of course, never miss a meeting. Nothing short of real sickness in his family should justify his absence.

You run the risk, in taking the initiative in almost every movement that your society makes, of having the knockers say, "We have a little too much Donaldson (or whatever your name is) in our society." The only remedy for this is, like Davy Crockett, to "be sure you are right, then go ahead." The knocker you always have with you, and he often is productive of much good in helping to keep you in bounds. Make an ally of that chap as fast as you can. Make him particeps criminis. He is often a good fellow (in disguise). If I were making a scientific diagnosis of a case, as a rule I would say he is suffering from dementia paranoia, or more frequently dementia praecox.

Never allow your minutes to remain unwritten twenty-four hours after a meeting. I have known minutes of county medical societies to remain unwritten for over ten years. Imagine the consternation of that secretary when called to produce the minute book; for the knocker finally got up the courage to demand it of a superannuated secretary, who should have been retired after his tenth year. You say, "Why, you expect a secretary to be immaculate!" and "Such men are impossible!" Not at all. First of all, your heart must be in your work, or don't take it. If you accept the office, put into it your whole heart, mind, and energy, and success is bound to follow. Put into it the same kind of work and brains you do in your business. Don't flag at any one point; if you do, you will make a failure. It is a pleasure to feel that you are the instruments of doing much good for your fellow doctors. The greatest pleasure of my life is to be in the society of the doctors of my community and state. About all the vacations I ever get are at the meetings of this and kindred societies, where I renew old acquaintances and form new ones that are a joy to me. And why shouldn't I enjoy these? They are the best fellows on earth; all you have to do is know them.

A secretary should never miss a meeting of his state or the national society. If possible be one of the representatives in its executive body. You will learn much as to how to deal with men. Belong to all the medical societies you can get into; attend and take part in them.

There is much that might be said as to the duties of a secretary, but it would be impossible to cover the ground in a five minute paper. To sum up the requisites of a good secretary, let me say briefly, and in conclusion, as the preachers say, use your brains, and if you don't have many, work what you have to the limit, and you will get results.

Anything will do for a president of a society, but not so as to the secretary.—The Pennsylvania Medical Journal.

Medical Education.

As the season approaches for the annual crop of graduates to blossom forth from our medical schools, knowing that soon the wise advice of the Commencement Address will fall on the ears of many hundreds of closely huddled, perspiring individuals, who are about to be declared medicinae doctores, we are compelled to a few thoughts on the true aims of medical education, and to a realization of some of the evils that beset it as an institution.

If, as Matthew Arnold says, the true

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aim of education in general is "to develop the powers of our mind, and give us access to vital knowledge," there can be little doubt that Doctor Lauriston E. Shaw is right in calling attention to the great evil of the "examination fetich." The knack of passing examinations is truly an attribute of mind. The tendency existing in our present system of medical educatton toward the development of this propensity is indisputable. The multiplicity of subjects, the short space of time allowed for the committing to memory of numerous facts and details, develop in the student the ability to cram for an examination, to unload his mind at the examination of much burdensome material, and, having done so successfully, to feel much relieved and speedily to forget. Added to these unnecessary conditions is the spirit of competition, and the fact that to the individual gaining the best results of the examination system are meted out the best opportunities for developing himself in a practical way. That is to say, hospital appointments go to the individuals who pass the best examinations, this reward capping the system and introducing into it something of misdirected energy and false conceptions.

Benson says that the task which lies before educators is not only to train the mind to be useful, but to awaken in whatever regions of the soul it may be possible—not the ethical soul, but the soul that is conscious of fine perceptions—to the realization of the necessity of original thought, and to supply to it the means of expressing this thought in words of its own. It is just this attribute of character which is so necessary to the investigator, and to the successful practitioner, which our present system of medical school teaching and competitive examinations tend to crush.

This difficulty does not admit of simple solution. We know that raising the standard of entrance-requirements has a tendency to make it more pronounced, as does also the marked increase in studies undertaken during the four years devoted to the study of medicine. These conditions tend definitely to increase the amount of cramming necessary, and also produce the mental habit of keeping one's store of facts near the surface and deluging them upon paper at the time of examination.

We cannot offer a solution, but we feel that with the endowment of medical schools, with the abolition of the old proprietary schools, and the struggle for students which has existed between rival institutions of this character, medical teaching will become more leisurely. Medical students will have an opportunity to become truly educated according to Matthew Arnold's idea of education, that as students are taught by men who have given their lives to this branch of education, who take a particular interest in the individual student, his ability, his mental bent and his shortcomings, we will not have each year a crop of exhausted young men whose minds are a saturated solution of what seems to them to be unnecessary. We shall have in its stead fewer students graduated, but these informed with the true aim of medical education, which is, to our mind, simply the development of the ability to understand facts and to reason logically.—Interstate Medical Journal.

The Nurse.

The following letter appears in the Cincinnati Lancet-Clinic:

Last week at Zanesville, O., the matron and entire force of nurses walked out on strike, because of clash of authority between the matron and

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chief of surgical staff of the hospital. The particular bone of contention in this case is immaterial to this article. The clash of authority is the chief subject, and is the cause of much feeling among physicians against trained nurses. A trained nurse was recently called to an obstetrical case in the country. The attending physician had finished his work, and gave the nurse her instructions. As he turned to leave, the nurse began telling him what she intended to do. When she got through, he said: "Let us understand each other right now. I am responsible for this case, and you are responsible to me. If you will not obey my directions, you must leave the case. A conflict of authority will not be tolerated by me." He had no further trouble with that nurse in that case.

All trained nurses are not as obnoxious as this one, but there are enough of them almost as bad to create considerable animosity toward trained nurses as a class among physicians and the general public. "Familiarity breeds contempt," and it is a question whether the intimate contact between internes and nurses in training is not partly to blame for this unfortunate state of affairs. Internes, as a rule, take it upon themselves to speak rather flippantly of the staff members, and these nurses leave the hospital with erroneous ideas of their own infallibility.

Another source of trouble is the over-education of nurses as nurses. A slight addition to the curricula of most training schools would make them physicians. As in all other fields of learning, "A little knowledge is a dangerous thing," and it would be better for all concerned if the curricula were either added to or subtracted from.

The prices asked by trained nurses is prohibitive to all but the most affluent. They no doubt are worth the money, considering the years of studying and training required at present. Whether the whole system as at present in vogue of developing nurses is not at fault is a problem. It may be advisable to have a shorter course for general nursing, and more extended ones for special nursing.

A trained nurse leaving a training school has a rather exalted notion of her social dignity. It has been often said that it takes a nurse to nurse a nurse while nursing; in fact, a retinue of servants are placed at the disposal of nurses in aristocratic homes. All in all, a more sane attitude must be assumed by trained nurses toward the medical profession if they hope to prevent friction in the future.

AN OLD-SCHOOL PHYSICIAN.

Independent Professional Medical Journals Are More Peculiarly Representative of the Profession Than Are Society Organs.

Any attack upon their existence by organized power is a direct blow at the profession itself. To them, more than any other agency, has been due the development of the movement toward solidarity, as well as the advance of science or reform. The initiative has always been their's, and, so long as progress springs from the work of the few instead of from the work of organized bodies, they will be needed that growth may come. They alone can represent independent thought, or exercise the wholesome function of disinterested criticism. Yet under present conditions it is in the power of a few men in the Association, by employing the competitive methods of a monopoly, to make the existence of independent journals impossible. These journals may be threatened with the boycott unless

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they are entirely subservient to those controlling the Association. They may be crowded out by unfair competition in the advertising field, or by pressure exerted in various ways; for example: By the Association and State journals adopting rates proportionately so low that journals unsupported by organization fees will be unable to compete; by using the organization as a club, "blackmailing" the advertiser in a cunning way to secure the patronage for the organization journals taking advertising until proved unfit, and claiming the right of such proof under control so that none may say conclusively that exclusion and ability to dispense with such revenue are coincident. Unfair competition may also exist in the matter of literary and scientific material. Efforts may be used to secure for organization journals literary and scientific material not constructively nor in any sense justly to be claimed by them. Yet these journals are frequently unable to publish fully their own transactions for "lack of space!" Authors may be shown that unless their articles are published in these organization journals they will, so far as possible, be denied quotation and reference in their pages. It is publicly stated that all these methods have been employed in concerted attack, both open and secret, upon independent medical journals of high professional standing.—Dr. Gould, in American Medicine.

Erythromelalgia.

I. W. Voorhees, New York City (Journal A. M. A., June 1), treats at some length of the theories of this disorder and describes what is known of its symptoms and treatment. He is inclined from his investigation of the subject to agree with Lewis and Benda, that it is not a distinct disease entity, but is a symptom-complex that may have either a central or a peripheral origin, and with Eulenberg, would put it in the same class with Raynaud's disease, as simply different phases of the same condition, the one being dependent on undue dilatation of the terminal arterioles and the other to an undue contraction of the same. They have been observed in the same patient by different observers, and there is not the slightest doubt, Voorhees says, that they exist together as symptoms of some marked pathologic state and notably in that disease of the blood vessels, known as arteriosclerosis. Treatment has generally been ineffective, and he considers that in intractable or specially distressing cases, even recourse to surgery would be advisable.

Paranoia.

C. W. Burr, Philadelphia (Journal A. M. A., June 1), says that paranoia is one of the most interesting examples of the degenerative insanities; he has never met with a true paranoiac with a reliable family history who did not show some ancestral defect, and he never knew a boy or girl of biologically good family history to develop the disease. Its essential symptoms are intense egotism, delusions of persecution and of grandeur which are always systematized and always reasoned about, absence or perversion of the moral sense and an apparently strong but really weak intelligence. Minor symptoms are hallucinations, falsifications of memory and sexual perversions. A negative symptom of importance is the absence of signs of physical disease of either the central nervous system or of the abdominal or thoracic viscera. Anatomic abnormalities, the so-called stigmata of degeneracy, according to Burr, are not more frequent than in

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the general population, though individual patients sometimes show many marked signs. Although in the majority of cases the patient is not recognized as actually insane till sometime between the twenty-fifth and thirty-fifth years, the onset is really a slow one. There is a prodromal period of years and the abnormal beginnings are apt to appear at puberty or during adolescence, in change of character and disposition, etc., and finally, usually in the twenties or early thirties, marked signs of insanity appear in delusions of suspicion and of importance, largely determined in their nature by education and environment. Those of persecution usually come first and those of grandeur are used to explain the persecution. Whatever the delusion may be, it is reasoned about, and the reasoning, though faulty, superficially may appear logical. Almost always there is some slight truth used as a basis of the delusion and the plausible patient may sometimes impose on kind-hearted persons so as to lead them astray. The delusions are permanent, lasting for years till the mental feebleness becomes marked. From the start there is mental weakness, but not a true dementia till very late. There is a steady deterioration of the moral sense that may lead eventually to criminal acts. Burr distinguishes between the paranoiac and the mattoid; the latter he defines as the imbecile dreamer of great dreams without power of accomplishment. The recognition of paranoia is not always easy, because many cases are not typical, and some are merely aborted and fragmentary. There is a wide borderland and many inhabit it. Some men of genius present evidences of partial paranoia, some of them have been distinctly delusional. There is unfortunately, also, what is called secondary paranoia, though in these cases there is a stronger element of dementia and hallucinations play a more important part. Some instances of the so-called paranoid type of dementia praecox, Burr thinks, may be and probably are, very rapid cases of true but atypical paranoia. In conclusion he speaks of the medicolegal importance of the disorder, and says that the physician's duty in court cases is simply to discover the mental condition of the patient; the questions of responsibility, competency, etc., are for the judge and jury to decide.

A Clinical View of Ulcer of the Stomach.

Fenton B. Turck records a series of experiments on animals by which he determined that gastric ulcer is not a local but a general condition, and is induced by alterations in the pabulum of the intestinal flora, which lower the resistanee of the gastric or intestinal mucous membrane, rendered peculiarly vulnerable by malnutrition, defective metabolism, and other elements. Diagnosis is never easy. Prognosis is better than formerly, provided diagnosis is early enough to hope for correction of the bad general condition. Treatment demands rest, sometimes in bed, until the depressing symptoms of pain, anorexia, and flatulence are removed. First rest the stomach by abstinence from food for twenty-four hours, and then feed with food that will be most easily digested and will furnish as little as possible of material for bactrial action. Milk is one of the best. Meat macerated and then well boiled is another. Milk must be coagulated with rennet. Peristalsis may be excited by mineral waters containing carbonic acid, or injections into the rectum of alternate hot and cold water.—Medical Record.

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Sanitary Work on the Isthmus of Panama During the Last Three Years.

W. C. Gorgas says that when the United States took possession of the canal zone, three years ago, there were all the conditions necessary to the breeding of stegomyia and anopheles mosquitos, and malaria, dysentery, and smallpox were prevailing among the people, while yellow fever was present at Panama and Colon. The sanitary measures that have been carried out have caused the disappearance of yellow fever, and malaria has been held in check with a very large force employed on the works. For fifteen miles the canal belt is low and swampy, and in the other portions rain-water barrels and cisterns are plentiful, so that every condition for the breeding of mosquitos is at the best in a climate that is never cold. The presence of yellow fever, aside from the presence of the stegomyia, is due to the coming of nonimmune whites in large numbers, who take and propagate yellow fever. The health authorities have furnished pure water, sewage systems, and methods for proper disposal for night soil, and sufficient hospitals for the care of the sick. They keep up an inspection of nonimmunes, isolate yellow fever cases in screened houses, and kill infected mosquitos by fumigation. By ditching, draining and oiling stagnant waters they have lessened the anopheles and the consequent malarial troubles. An efficient quarantine against infected localities is maintained at the ports of entry to keep out yellow feer, and for fifteen months there has not been a case of it in the canal belt. This is not a coincidence, but a result of the sanitary measures taken. Dysentery has been controlled by a good water supply.—Medical Record.

Buttermilk Feeding.

The use of buttermilk as an infant food is recommended by H. C. Carpenter, Philadelphia (Journal A. M. A.), who reports twelve cases of babies with infantile atrophy, gastro-enteritis, etc., in whom he had generally good results from the use of the following mixture: Buttermilk, 1 quart; wheat flour, 3 1-3 teaspoonfuls; granulated sugar, 15 teaspoonfuls. The ingredients were carefully mixed, heated up to the boiling point but not boiled and then rapidly cooled and kept till used. Full directions are given for the preparation, precautions against curdling, etc. The cases were not selected as likely to do well, but in every case regular milk mixtures had been tried and failed before the buttermilk feeding was begun. The ages ranged from 1 to 15 months; the average gain in weight during the use of buttermilk was eight ounces a week. Carpenter remarks the advantage of cheapness in the buttermilk feeding and believes it a most excellent food for infants suffering from intestinal indigestion, enteritis and marasmus. He has observed no unpleasant effects from its use; children almost invariably take it well. A few, when first put on the diet, vomited slightly, but, with one exception, this ceased in a day or two. The point he specially emphasizes is that the success is not so much due to the absence of fat as to the great ease with which the proteid of buttermilk is digested. He has observed this in almost every case. Several of the infants who were unable to digest 0.75 per cent. of calcium casein digested perfectly the 2 or 3 per cent. of casein lactate in the buttermilk.

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Personal

Oregon.

Dr. R. L. Wood has located at Amity.

Dr. Harry Lane has been re-elected mayor of Portland.

Dr. W. W. Allen, of Jefferson, visited in Salem recently.

Dr. J. W. Dryborough has removed from Fossil to Condon.

Dr. Chas. S. Edwards, of Prineville, was in Portland last month.

Dr. Biswell succeeds to the practice of Dr. Francis at Haines.

Dr. J. W. Harris, of Eugene, was a Portland visitor last month.

Dr. W. F. Kremer has left Grants Pass for Goldfield, Nevada.

Dr. W. W. Allen, of Jefferson, was a Salem visitor last month.

Dr. Geisendorffer, of The Dalles, was in Portland last month.

Dr. Griffith, of the Salem Asylum, was in Portland last month.

Dr. T. W. Harris, of Eugene, had a fine time at Los Angeles.

Drs. Page and Gilmour, of Oakland, were in Roseburg last month.

Dr. H. E. Morrison, of Medford, has moved into a new residence.

Dr. A. B. Starbuck, of Dallas, has moved into nice new offices.

Dr. F. A. Bailey, of Hillsboro, was a Portland visitor last month.

Dr. W. L. Cheshire, of Eugene, was in Cottage Grove last month.

Dr. W. C. Hawk, of Jefferson, is talking of moving to Bay City.

Dr. O. B. Estes, of Astoria, has fitted up new and elegant offices.

Dr. F. M. Day, of Eugene, recently took a trip up the McKenzie river.

Dr. C. E. Barton, of Baker City, has just purchased a new residence.

Dr. K. A. Leep, of Myrtle Point, has had a serious time with the grip.

Dr. J. L. Hill, of Albany, was called professionally to Scio last month.

Dr. Raymond Logan, of La Grande, was a caller in Wasco last month.

Dr. P. R. Job, of Cottage Grove, was in Eugene last month on business.

Dr. A. B. Stone, of Athena, had a serious attack of pneumonia lately.

Dr. Lulu Marquam, of Eugene, was in Portland last month on business.

Dr. S. T. Linklater, of Hillsboro, has installed a new X-ray machine.

Dr. Ira Bartle, of Eugene, was an Albany caller last month on business.

Dr. and Mrs. J. O. Van Winkle, of Wendling, were in Eugene last month.

Dr. C. J. Smith, of Pendleton, spent a short time in Portland last month.

Dr. and Mrs. Tilzer, of Portland, visited friends in Astoria last month.

Dr. E. G. Kirby, of Elgin, was calling on his Portland friends last month.

Dr. E. R. Seeley and family, of Lostine, were in Elgin on a visit in May.

Dr. W. H. Davis, of Albany, was in Scio last month, on professional business.

Dr. W. N. Anderson and wife, of Sumpter, was in Baker City last month.

Dr. J. H. Volp, of La Grande, has had to go to Hot Lake for his rheumatism.

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Dr. T. W. Hester, of Jacksonville, was in Newberg last month, visiting his sister.

Dr. Geisendorffer, of The Dalles, recently took a short trip to Sherman county.

Dr. J. D. Plamondon, of Athena, sometimes runs over to Pendleton in his auto.

Dr. George Wall, of Eugene, was in Cottage Grove last month, attending a patient.

Dr. and Mrs. Sanford Whiting, of Portland, have gone on a trip to Eastern states.

Dr. J. W. Barnard, of Joseph, has gone for a few weeks' outing on the Snake river.

Dr. and Mrs. W. S. Jones, of Medford, went to the Shriners' gathering at Los Angeles.

Dr. and Mrs. V. C. Belknap and wife, of Prairie City, were in Canyon City last month.

Dr. and Mrs. H. A. Dedman, of Canby, were calling on Brownsville relatives last month.

Dr. M. K. Hall, of La Grande, was called to Union last month on professional business.

Dr. and Mrs. O. D. Butler, of Independence, went to the Shriners' meeting at Los Angeles.

Dr. R. P. Mortensen, of Yoncalla, was called to Skelley on professional business last month.

Dr. Mary Bowerman, who has resided in Condon for some time, has removed to Salem.

Dr. T. W. Harris, of Eugene, was called to Harrisburg on professional business last month.

Dr. F. W. Prentice, of Eugene, is in Europe, and his practice is being looked after during his absence by Dr. George Wall.

Dr. J. W. Donnelly, of Fossil, has gone to North Carolina, where he will live in the future.

Dr. K. A. J. Mackenzie, of Portland, has just purchased a brick block, for investment, for $50,000.

Dr. J. B. Kelley, of Brownsville, has recently purchased a fifteen-acre tract of ground at $65 an acre.

Dr. B. R. Job, of Cottage Grove, was in Eugene last month, acting as a witness in a court case.

Dr. R. C. Kelsey, of Gold Hill, has just bought a lot on which he proposes to erect an office.

Dr. Chas. A. Macrum, of Portland, went last month to look over his fine apple orchard at Mosier.

Dr. O. D. Doane, of The Dalles, was at Mosier last month, attending an Odd Fellows' celebration.

Dr. and Mrs. A. B. Gillis, of Salem, were calling on some of their Portland friends last month.

Dr. H. E. Currey, of Baker City, is investigating his valuable mining property north of Granite.

Dr. Beers has returned to Wasco, much to the gratification of his old patients and many friends.

Dr. F. A. Lieuallen, who has removed from Helix to Huntington, is pleased with his new location.

Dr. and Mrs. J. W. Ingram and wife, of Marshfield, went to the meeting of the A. M. A. at Atlantic City.

Dr. and Mrs. E. O. Parker, of Pilot Rock, were in Oakland and Drain last month, calling on their friends.

Dr. D. W. Ward, of Forest Grove, went to North Bend for a short visit last month. His son lives there.

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Dr. Pilkington, of Astoria, has been appointed to take the place of Dr. Holt, the federal quarantine officer.

Dr. and Mrs. W. O. Spencer, of Huntington, were in Salt Lake last month. They had an enjoyable trip.

Dr. and Mrs. T. Townley, of Dufur, attended a banquet of the Eastern Star lodge recently at The Dalles.

Dr. Henry W. Coe has been elected one of the Councillors of the Amerlman Medico-Psychological Association.

Dr. J. W. Donnelly and son, of Fossil, have returned from a trip to North Carolina, where they spent the winter.

Dr. W. S. Jones, of Medford, returned from the Shriners' gathering at Los Angeles, delighted with his trip.

Dr. W. B. Knapp has returned to his home in Portland after an extended visit among friends in the East.

Dr. C. A. Ault, of Enterprise, recently attended the convention of the Woodmen at Pendleton, as a delegate.

Dr. Geo. E. Stuart and wife, of North Yamhill, visited in Hamilton recently, where the doctor formerly practiced.

Dr. and Mrs. Holt, of Eagle Point, were at Central Point last month, to meet relatives who were on their way for a visit.

Dr. B. A. Cathey, of Corvallis, went to Newport with his family last month, and has left them there for a few weeks.

Dr. W. Hayden, of Marshfield, was one of a camping party at Charleston Bay, last month. Some good fishing awaited them.

Dr. J. H. Volp, of La Grande, has recently been suffering from an attack of rheumatism. He has nearly recovered now.

Dr. John W. Powell, of Mollala, who formerly lived in Oregon City, called on his old friends there about the middle of May.

Dr. Alfred Kinney, of Astoria, attended the commencement exercises of the medical department of the University of Oregon.

Dr. W. G. Cole, of Pendleton, will hereafter have associated with him Dr. E. V. Morrow, a son of Dr. J. W. Morrow, of Portland.

Dr. A. B. Starbuck has decided to locate at Dallas. The doctor has been for some time connected with St. Vincent's hospital in Portland.

Dr. W. G. Woodruff, of Portland, has gone east for the purpose of taking a post-graduate course in surgery at the University of Pennsylvania.

Dr. and Mrs. S. E. Josephi sailed on the 6th ult. from New York for Naples direct. During his absence Dr. George J. Potts is looking after his office.

Dr. J. A. Richardson, of Salem, was in Portland during May, and he was congratulating himself that spinal meningitis has not yet made its appearance at his home town.

Dr. J. W. Robinson, of Jacksonville, is a school director, and he has been busy with his duties lately, in figuring on a new building to take the place of the one that burned.

Dr. J. H. Thompson, of Joseph, has gone to New York to take a post-graduate course. Dr. Wilson, a classmate from Pennsylvania, will look after after his practice during his absence.

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Dr. E. L. Irvine, of Portland, was in Albany on Decoration day, visiting the cemetery lot in which his relatives are buried.

Dr. F. Cauthorn, who moved to Puebla, Mexico, last year to become surgeon for the Mexican Central Railroad, has resigned his position with that company and has been appointed chief surgeon of the Villardena Mining & Smelting Company, one of the Guggenheim properties at Vilardena, Durango, Mexico.

Washington.

Dr. Gibson, of Isaquan, was in Seattle last month.

Dr. Ludlow, formerly of Seattle, has located in Bellingham.

Dr. and Mrs. E. A. Sizer, late of Arizona, have settled in Puyallup.

Dr. and Mrs. C. W. Bales, of Kelso, were in Portland last month.

Dr. and Mrs. A. G. Cook of Long Beach, Cal., have moved to Olympia.

Dr. E. T. Richter, of Spokane, is erecting a three-story brick building.

Dr. E. A. Bingham, of Puyallup, has been very ill with pleura pneumonia.

Dr. E. T. Hein, of Palouse, is erecting a one-story brick building this year.

Dr. E. S. Clark and wife, of Sumas, were visiting in Bellingham last month.

Dr. W. C. Cox, of Everett, was a caller on the Medical Sentinel a few days ago.

Dr. Thos. R. Stegall, of Ellensburg, has just purchased two lots in his home town.

Dr. and Mrs. F. L. Carr, of Hoquiam, were visiting in Montesano last month.

Dr. Henry S. Strickland, of Olympia, left last month for a short trip in California.

Dr. C. Quevli is in New York City, taking post-graduate work. He is expected home soon.

Dr. and Mrs. J. Ballard, of Kelso, were in Tacoma attending a convention during May.

Dr. W. M. McCoy, of Wenatchee, was in Leavenworth last month on professional business.

Dr. E. M. Riniger, of Seattle, has been appointed medical director of the Alaska-Yukon Pacific Exposition.

Dr. John S. Walston, of Montesano, spent a few days last month visiting among the cities of the sound.

Dr. Alice R. Smith, of Tacoma, has written a successful play, which has been running some time in Chicago.

Dr. W. W. Mackenzie, of Spokane, has just erected and occupied a new dwelling, built on the Colonial style.

Dr. J. R. Shuman, of Sunnyside, spent a few days with relatives in Tacoma, with a view of resting himself.

Dr. W. B. Palamountain, of Colfax, was thrown from his horse last month and sustained a concussion of the brain.

Dr. and Mrs. H. W. Allen, of Spokane, were witnesses of the horrible wreck of the Shriners' train near Los Angeles.

Dr. P. B. Wing, of Tacoma, has some ranches in the vicinity of Sunnyside, which he has recently been looking after.

Dr. E. O. Houda, of Roslyn, has moved to Centralia. He was for some time surgeon for the Miners' Association at Roslyn.

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Dr. G. S. Peterkin, of Seattle, was married on the 1st inst., to Mrs. A. S. Livermore. His many friends sent him congratulations.

Dr. J. B. Eagleson, of Seattle, and **Dr. E. D. Olmstead**, of Spokane, have been reappointed on the State Medical Examining Board.

Dr. H. R. Smith, of Lind, has gone on an extended trip East. Dr. W. L. Freeman, of Seattle, will look after his practice during his absence.

Dr. Charles H. Day, of Dayton, had a burglar visit his house last month, but Mr. Burglar was scared off before he appropriated anything of value.

Dr. J. S. Judah, of Indianapolis, Ind., has been appointed a physician to the contractors of the C. M. and St. Paul Railway, with headquarters at Seattle.

Dr. H. Josephine Whitney, of Davenport, returned home May 20th from Los Angeles, Cal., after spending the winter, and has again entered into an active practice.

Dr. H. J. Whitney spent a week at his fruit ranch in Cashmere during May. He has 40 acres planted in apples, and the land will soon be worth $3000 an acre.

Montana.

Dr. Kingsbury, of Dillon, has located in Butte.

Dr. Townsend, of Melrose, has located in Butte.

Dr. M. A. Walker, of Dillon, was a recent visitor in Butte.

Drs. Matthews and Gieschen have located in the Phoenix, Butte.

Dr. and **Mrs. T. D. Tuttle**, of Billings, were in Helena last month.

Dr. E. A. Gerhart, of Billings, was called last month to Pompey's Pillar.

Dr. Katherine Q. Holden, of Helena, has gone to the Pacific coast for her health.

Dr. Mary B. Atwater and daughter were visiting friends last month in Madison county.

Dr. J. W. Scanland, of Butte, has assumed charge of the Insane Asylum, Warm Springs.

Dr. Jno. A. Donovan has removed his office from the Murray Hospital to the Phoenix, Butte.

Dr. E. F. Maginn has severed his connection with the Murray Hospital, and is now located in the Phoenix.

Dr. and **Mrs. Frederick Cuttle**, of Hunters' Hot Springs, were visiting last month with friends in Deer Lodge.

Dr. A. L. Hammeral, who has been physician for the state prison at Stillwater, Minn., for a year, has opened an office in Glendive.

Dr. C. T. Pigot has been appointed Health Officer for the City of Butte on recommendation of Silver Bow County Medical Society.

Dr. T. J. Sullivan, who has been Health Officer for Butte under three different administrations, is now in New York studying Diseases of the Stomach. On his return he expects to locate in Seattle.

Idaho.

Dr. Hugh France, of Wardner, was in Portland last month.

Dr. J. W. Olson has bought out the practice of Dr. C. K. Henkle, at Troy.

Dr. J. L. Conant, of Weiser, has removed to his son's home in Genessee.

Dr. and **Mrs. B. L. Steeves**, of Weiser, spent a short time recently in Boise.

Dr. F. P. Matchette, of Wardner, was called suddenly to Rockford, Wash., last month by the illness of his mother.

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Dr. Frank E. Brown, of Council, who has been taking a post-graduate course in surgery in Chicago, has returned to his practice.

Dr. A. C. Smith Married.

Oregonian, May 28: Dr. Andrew C. Smith joined the ranks of the benedicts last night. At 6 o'clock he and Miss Anna L. McDonald were married at St. Patrick's Church, corner Nineteenth and Savier streets, by Father E. P. Murphy. After receiving the warm congratulations of their friends, the couple left on the late Northern Pacific train for a honeymoon trip in the East.

The ceremony was a pretty one. A charming feature was the strewing of flowers before the bridal party by 37 little girls, who received holy communion at St. Patrick's the day before.

Miss McDonald has many friends in Portland, and is the daughter of the late John R. McDonald, a Portland contractor. The wedding is the culmination of a long romance. However, the two kept their own counsel and took but few friends into their secret. The announcement of Dr. Smith's marriage at the clubs and among his professional friends last night was a surprise.

The couple go from Portland direct to Atlantic City, where they will attend the annual meeting of the American Medical Association, of which Dr. Smith is second vice-president. The gathering is on June 4, 5, 6 and 7. From Atlantic City, Dr. and Mrs. Smith will go to the Jamestown Exposition and then to New York, Buffalo, Detroit and other Eastern cities, returning to Portland in about four weeks.

Dr. Smith is one of the best-known practitioners in the state. He has long been prominent in medical circles in Portland and in Oregon, having been at one time president of the State Board of Health, of which he is still a member. He has frequently headed the various local medical societies. He has many friends whose best wishes and congratulations will follow him East.

OBITUARY.

Dr. Edgar Poppleton.

Dr. Edgar Poppleton, of Portland, died last month, at the age of 74 years. He had been ailing for several months. He was born in New York, and crossed the plains in 1853. On his arrival in Portland he began to practice his profession, which he pursued almost without intermission until his fatal illness attacked him. Dr. Poppleton was a graduate of Miami Medical College, Cincinnati, of the class of 1861.

James Harvey Pleasants.

Dr. James Harvey Pleasants, of Portland, died last month at his home, after a long illness. He was born in Kentucky in 1833; spet his early manhood in Missouri, and served in the war on the Union side. After the war he graduated from the St. Louis Medical College, and practiced his profession in a number of states for nearly forty years. In 1902 he came to Oregon, locating at Central Point, and last year he removed to Portland.

Dr. John T. Carroll.

The death is announced, as occurring on the 13th ult., of Dr. John T. Carroll, of Vancouver, B. C. Dr. Carroll was one of the wealthiest men in British Columbia. He had been in failing health for some time.

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MEDICAL SENTINEL

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Notes

The 30th annual session of the Montana State Medical Association will be held at Butte May 13th and 14th, 1908.

The Eastern Oregon Medical Society held a very successful meeting at Hot Springs on the 2nd inst.

A recent meeting of the Oregon State Board of Health was largely devoted to a consideration of the sanitary conditions of Newport.

It is proposed to spend $500 a month by the city of Seattle, for the inspection of school buildings and the children that attend them, with the view of preventing the spread of infectious diseases, and for the general well-being of the children.

The article on Impediments to Medical Legislation, published in this issue of the Medical Sentinel, by Dr. T. J. Sullivan, of Butte, is applicable to every state in the Union. There is much in it that is valuable and inspiring, and the article is as applicable to the legislature of every state as of Montana.

At Bellingham on the 14th ult. there was a meeting of the Whatcom County Medical Society, and Dr. Kellogg read a paper on Opsonic Index and Its Relation to Immunity from Infectious Diseases". A paper was also read on "Medical Organizations and the Work of County Medical Societies," by Dr. J. H. Lyons.

Let us hope that there will be absolute unity of purpose on the State Medical Board of this state now that, under the new law, there is an osteopath on the board. There are now three "regulars," one homeopath, one

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eclectic and one osteopath. "Dr." F. E. Moore, of La Grande, is the osteopathic member of the board recently appointed by Governor Chamberlain.

The City Authorities of Astoria have declined to raise the pay of the City Physican from $50 to $75 a month. The chances are that if the work is well done, $75 is none too much to pay for it. It would be human nature for the doctor to do $50 worth, and stop at that, although that will be hard on the community.

For once a doctor has his own way. There is one physician only at Pe Ell, Wash., and he declined to act as Health Officer for the pittance that was offered him by the town council. He wanted $30 a month; he was offered $10. The attorney general was appealed to, and that official said they would have to accept the doctor's terms, unless some other physician located in the town who was willing to do the work for less.

It is with a feeling of regret that we note the passing of the St. Louis Courier of Medicine. Its subscription list is turned over to the Interstate Medical Journal of St. Louis, and the suggestion is made that the change will accrue to the benefit of all parties concerned, including the egntle reader. And yet the question arises if such changes are not making for the suppression of the independent medical journals, and the strengthening of the octopus.

On June 5th there was a meeting at Reardan, Wash., of the Lincoln County Medical Association. An interesting paper was read by Dr. Bittner, of Sprague, on Bradycardia. The following physicians were present: Dr. J. E. Bittner of Sprague, Dr. J. M. Gunning of Harrington, Dr. J. C. Kaulbach of Edwall, Drs. G. W. H. Moore, P. R. Moore and F. H. Luce, of Davenport, and Drs. George H. Green and H. Z. Dean, of Reardan, Wash. The next meeting of the association is to be held at Edwall, Wash., the first Wednesday in August, 1907.

The Medical Sentinel is in receipt of a letter from some one in Butte, who neglects to give his name as evidence of good faith. The letter states that the medical profession is in a deplorable condition in that city, and that doctors there are willing to contract to furnish medical care and attendance for $4.50 per year to a man and his family, while the man is earning $5.50 a day. Many other statements are made, which we should be willing to publish if we knew who was writing the letter.

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On the 6th ult. the regular quarterly meeting of the Central Willamette Medical Society was held at Lebanon. The wives of the visiting doctors were entertained at the residence of Dr. and Mrs. J. C. Booth. Following is a list of those present from out of town: Dr. and Mrs. Dale, of Harrisburg; Dr. and Mrs. Kelley, of Brownsville; Dr. and Mrs. Fara, Dr. and Mrs. Pernot and Dr. and Mrs. Cathey, all of Corvallis; Drs. Davis and Ellis, of Albany; Dr. Bennett, of Monroe; Dr. Evans, of Creswell; Dr. and Mrs. Howard, of Crawfordsville.

Following is a list of the officers of the Montana State Medical Association for the ensuing year: W. W. Taylor, President, Kalispell; J. C. Schapps, First Vice-President, Butte; R. C. Monahan, Second Vice-Presidest, Butte; W. F. Cogswell, Third Vice-President, Livingston; Grace Wilson Cahoon, Secretary, Butte; J. A. Donovan, Treasurer, Butte; Donald Campbell, Butte, Delegate to A. M. A.; John A. Donovan, Butte, Alternate Delegate. Councillors: Geo. W. King, Helena; F. W. Spottswood, Missoula; T. J. Murray, Butte; A. E. Williams, Havre; E. L. Sutherland, Sheridan; H. E. Houston, Whitefish; B. L. Pampel, Livingston; J. F. Blair, Bozeman; G. F. Tidyman, Ennis; F. M. Flinn, Libby.

The North Idaho District Medical Association held its meeting at Lewiston on the 18th ult. Dr. D. D. Drennan, of Rathdrum, read a report of six typical cases of cerebro-spinal meningitis, followed by a paper by Dr. Jesse L. Rains, of Grangeville, on "Gastric Lavage." A paper by Dr. C. P. Thomas, of Spokane, on "Gall Bladder Diseases and Their Treatment," was read by the Secretary, in the absence of the writer of the paper. Papers were read by Dr. Susan Bruce, of Lewiston, on "The Liver in Infancy and Childhood," and by Dr. C. W. Shaff, of Lewiston, on "Diarrhoeal Diseases in Infancy." The next meeting of the society will be held in October.

The South Idaho District Medical Society held its annual meeting April 4, 1907. Officers were elected as follows: President, J. C. Woodward, Payette; Vice-President, A. Blitz, Boise; members of Executive Committee, J. A. Young, Caldwell, and W. B. Lyman, Boise; member of Nominating Committee of State Society, J. R. Numbers, Weiser; R. H. Wright, Hailey, alternate; members of Governing Board of State Society, (one for each five active members), Drs. T. O. Boyd, G. E. Shawhan, G. O. A. Kellogg, C. L. Dutton, M. J. Gerdes, F. H. Brandt, B. L. Steeves, B. W. Mather, E. W. Kleinman, J. L. Reynolds, O. H. Avey, J. B. Lewis and F. W. Compton. A resolution was passed, endorsing Dr. E. E. Maxey for Secretary of the State Board of Health, to be organized under the new law. A resolution was also passed endorsing Dr. O. J. Allen, of Bellevue, for member of the State Board of Medical Examiners, to fill vacancy occurring in May.

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There is more money in some quarters in Butte than the owners know what to do with. Wages are inordinately high. And yet when it comes to matters of public health, there is a disposition to be niggardly. There is a callousness to human life that is characteristic of the days of savagery, when our forefathers lived in caves, and the survival of the fittest was the brutal rule. The county jail is in a frightful condition; hospital conditions are at the worst—so far as accommodations are concerned, for the poor. Public affairs are run very much on the theory that those who are poor and wretched have no claim to live, and the best thing for them is to die, and leave their miseries by going to their eternal sleep. Perhaps this way, which is nature's way, is the correct one, although in these days of practical philanthropy, we have hardly got to the point where we want to admit it.

The appointment of Dr. John M. Semple, of Spokane, to the position of Superintendent of the Hospital for the insane at Medical Lake will be recognized by everybody who knows the doctor as an eminently proper appointment. Dr. Semple was superintendent of the hospital from 1890 to 1897, and he then demonstrated his excellence as an executive officer of the institution. In a statement made concerning the appointment, Dr. Semple is quoted as follows: "In accepting the offer of the superintendency, I go to the Medical Lake Hospital absolutely untrammeled and with the assurance from Governor Mead that all he desires at the hospital is that it be made the best, or at least as good, as any institution of the kind in the country. To do this I am to have absolute authority there, and I have agreed to be solely responsible for the proper conduct of the hospital. I shall hire and discharge men, and on my judgment will rest the success of every department in the hospital. Including the department for unfortunate children, there are approximately 650 patients under the control of the Medical Lake Hospital. About 500 are in the hospital and 150 in the children's department. In charge of these patients there will be more than 60 employes. These employes include the superintendent, two assistant physicians, an accountant, steward, engineer, nurses and other employes. I take this position at a pecuniary sacrifice and with the knowledge that I will have to give up the medical practice I have established during the last ten years I have resided in this city. The pay of the superintendent of the Medical Lake Hospital has been $2500 a year. The salary was increased by the legislature, and beginning June 12 it will be $4000 a year above all expenses. It is encouraging to go to the Eastern Washington Hospital under the conditions agreed upon by Governor Mead and myself. The sole aim of the Governor is to promote the efficiency of the institution. This explains why he announced his intention of divorcing the hospital from politics and to rest the entire management upon the superintendent. As for the ten years I have been engaged in private practice in this city, they have but broadened my views and have been of great aid to me. I feel that I am better prepared for efficient service at the hospital than ever before."

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Editorial Notes

Sunshine and Shade.—Comment has been made heretofore in these columns on the theory of Dr. Charles E. Woodruff, of the U. S. Army, that the failure of the white races to colonize the tropics is not due to the heat of those regions, but to the excess of light that prevails. Dr. Woodruff insists that cloudy regions are better suited for white people, and that much neurasthenia is due to the light which is attributed to other causes. Following this line of argument, there are those who claim that the colonization of Western Canada, which is now going on, is doomed to failure, because of the absence of cloudy weather in that region. True, it is cold enough during the winter months, but even then the days are bright, when the temperature is many degrees below zero. The Western Canada Medical Journal, in a recent issue contains an article by Rev. C. E. Heustis, in which it is stated that the inhabitants of Manitoba and the adjacent territories are unduly neurasthenic, and adopting Woodruff's theory, attributes this condition to an excess of sunshine. In a later issue of the same journal a medical man comes to the rescue, and asserts that sunshine is a blessing; that it is destructive of protoplasm, and claims that the neurasthenia from which the northern Canadians suffer in no way is due to the excessive sunshine, except as this may have an indirect effect by reason of its tonic properties which lead to the undue expenditure of energy. Later on we shall see who is right—whether Dr. Woodruff, or those who take the other view of the matter. The suggestion is made that if the present settlers in that region can stand the climate, and do not fall by the wayside, Dr. Woodruff will be called on to explain how excessive cold acts as an antidote for excessive sunshine.

American Medical Editors' Association.—The annual meeting of the American Medical Editors' Association for 1907 was held at the Marlborough-Blenheim Hotel, Atlantic City, June 1st and 3rd. The program was as follows:

The annual meeting for 1907 of the American Medical Editors' Association at the Marlborough-Blenheim Hotel, Atlantic City, N. J., June 1 and 3.

The program was as follows:

President's address, "The Future of Medical Journalism," by Jas. Evelyn Pilcher, M. D., Ph. D., LL. D.

"Shortcomings of Physiology the Chief Obstacle to Medical Progress; the Need of Editorial Intervention in Such Questions," by C. E. de M. Sajous, M. D., Philadelphia, Pa.

"How Can We Make Medical Journalism Better? (a) For Our Readers, (b) For Our Advertisers, (c) For Ourselves," by W. C. Abbott, M. D., Chicago, Ill.

"Criticisms and Courtesies from the Editorial Point of View." M. A. Goldstein, M. D.

"A Word or Two from an Ex-Journalist," by Samuel W. Kelley, M. D., Cleveland, O.

"The First Medical Journals," by O. F. Ball, M. D., St. Louis, Mo.

"Twenty-five Years of Medical Editorship," by Stephen Lewis Pilcher, M. D., LL. D.

"The Psychology of Medical Journals from the Reader's Standpoint," by T. D. Crothers, M. D., Hartford, Conn.

"Further Reflection on the Official Versus Independent Medical Journals,

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One Year's History," by Wm. J. Robinson, M. D., New York City.

"Advertisements in Medical Journals," by Landon B. Edwards, M. D.

"Journalistic Suggestions from a Semi-Disinterested Standpoint," by Wm. Porter, M. D., St. Louis, Mo.

"The Situation," by C. F. Taylor, M. D., Philadelphia, Pa.

"Some Aspects on Medical Journalism," by W. F. Waugh, M. D., Chicago, Ill.

"The Neglect of American Mineral Springs and Climatic Resorts by Our Medical Press," by G. T. Palmer, M. D., Springfield, Ill.

"A Few Feebl Remarks," by W. A. Young, M. D., Toronto, Ont.

"Medical Abstracts and Their Relation to the Medical Journal," by Mary M. S. Johnstone, M. D., Chicago, Ill.

"The American Medical Editors' Association, Past, Present and Future," by Joseph MacDonald, Jr., M. D., New York City.

The officers for 1906-7 were as follows:

President—James Evelyn Pilcher, M. D., Ph. D., L. H. D., Carlisle, Pa., editor of the Military Surgeon.

First Vice-President—Frank P. Foster, M. D., New York, editor of the New York Medical Journal.

Second Vice-President—Charles F. Taylor, M. D., Philadelphia, Pa., editor of the Medical World.

Secretary and Treasurer—Joseph MacDonald, Jr., M. D., New York, managing editor of the American Journal of Surgery.

Executive Committee—The officers of the Association and William C. Abbott, M. D., Chicago, Ill., editor of the American Journal of Clinical Medicine; Henry Waldo Coe, M. D., Portland, Oregon, editor of the Medical Sentinel; William A. Young, M. D., Toronto, Canada, managing editor of the Canadian Journal of Medicine and Surgery.

Chairman Committee of Arrangements—Charles F. Taylor, M. D., Philadelphia, Pa., editor Medical World.

The annual banquet was also held at the Marlborough-Blenheim Hotel.

The toasts were: Toastmaster, Major James Evelyn Pilcher, M. D., U. S. A., President of the Association. "The Public Health," Walter Wyman, M. D., LL.D., Surgeon General Public Health and Marine Hospital Service; "The Future of American Medicine," Charles E. de M. Sajous, M. D., Philadelphia, Pa.; "American Medicine in the Tropics," Col. William C. Gorgas, U. S. A., Panama Canal Commissioner; "Editorially Speaking," Walter M. Brickner, M. D., New York; "The American Republics," Honorable John Barrett, Director of the Bureau of American Republics, Washington, D. C.; "The Organization Medical Press," Arthur T. MacCormack, M. D., Bowling Green, Ky.; "The United States Navy; "American Simons, M. D., Medical Director, United Staates Navy; "American Medical Editors," Frank P. Foster, M. D., New York.

The menu was as follows: Russian caviar, little neck clams, clear green turtle, relishes; sherry, Spear N. J. Wine Co.; shoft shell crabs, tartare; Burgundy, Spear N. J. Wine Co.; saddle of spring lamb; June peas, surprise potatoes; Moet & Chandon White Seal, 1900; sorbet au marasquin; cigarettes; white squab, hearts of lettuce; dry port, Spear N. J. Wine Co.; fancy ices, cake; cheese pyramid, wafers; Apollinaris; coffee; cigars.

The meeting was the most successful in the history of the association. More than sixty new members were added to the membership, bringing every leading medical journal in

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America into membership except the J. A. M. A. The J. A. M. A., under its present membership, and the independent medical press, naturally cannot consistently affiliate.

The Association decided that it was not for the best interests of the Association to longer meet at the same time with the A. M. A. The Association will, therefore, hereafter meet at another date, prior to the A. M. A. meeting time. It will, however, likely meet at Washington every third year at the time of the meeting of the Congress of American Physicians and its fifteen affiliated national medical societies, which are in touch with independent medical thought and action.

One or two state association journal editors who have acted with marked unfairness, as well as the editors of certain journals whose actions were not considered strictly ethical, were refused membership. Entire harmony and enthusiasm prevailed throughout the session.

Increasing Fees.—From all over the country comes the complaint from the members of the medical profession that their fees are not high enough. Reference is not made to the fees of the specialists, who can set their own prices; but to the doctor who performs the every-day tasks of the visiting physician—whose especial work is among the lower classes, and the lower middle classes of society. Wages in every line of labor have advanced. Groceries, house rent, fuel, clothing—everything that the physician has to buy has gone up, but in most localities the doctor's fees remain where they were when all that he had to buy cost from half to two-thirds what it costs today. Everybody is enjoying the benefits of the prosperous era that has come upon the country, except the physician. We are gratified to see that the physicians of some localities have arisen to the force of the situation, and have adopted a new scale of prices. Our attention has been called to an advertisement in a Coeur d'Alene paper, signed by the physicians of the city, giving a new and enhanced scale of charges, which certainly are small enough in all conscience. A similar concerted advance should be taken in every locality throughout the United States, in justice to the physicians and their families.

Medical Education.—This all-important matter has been dealt with in a report just issued by the Council on Medical Education of the A. M. A. The conclusion that this council arrives at is that the general average of the education of students after they are turned out of American medical schools, "is extremely low." Of the 160 schools in existence for the teaching of medicine, only about 50 per cent are sufficiently well equipped to teach modern medicine. "About 30 per cent are doing poor work and need to make great improvement in their facilities and character of instruction to bring them to an acceptable standard, and about 20 per cent have no claim to recognition whatever." The unsatisfactory state of things which now exists can be remedied, according to the report, by proper state control and financial support. A state without the protection of good medical laws, well enforced, becomes the dumping ground for poorly-prepared medical men. "The state examining boards are unfortunately, in some states, merely political machines." The report insists that "it costs more to educate a student than he can pay in the way of fees. Medical education must secure state aid and private endowment."

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

THE AMERICAN MEDICAL ASSOCIATION

In the progress and growth of organization in every department of life in these modern times, together with the enormous development and growth of the country from internal increase and an immigration of a million a year from other countries, the American Medical Association has shown and does show in the matter of growth and organization a pace during the past ten years quite up to what is going on about us in every other walk and avenue of American life. The medical schools of the country have been turning out doctors at a tremendous rate of speed, while as a matter of fact, of the immigration referred to, more than a relative proportion of the newer comers have been graduated physicians, of greater or less degrees of medical culture and attainments. Doubtless up to the attainments of the "made in America" brand.

In addition to the normal growth of the institution, the Association has been fortunate during the epoch named, in that a man of great business-editorial ability has been in charge of the journal of the Association in the person of Dr. George H. Simmons.

The editor of the Medical Sentinel gladly seconded a motion before the late House of Delegates of the A. M. A. made by that sweetly disposed and kind hearted gentleman, ex-President McMurtry, acknowledging the obligations of the society to Dr. Simmons. After some discussion of the subject, altogether favorable to Dr. Simmons, the motion was made a vehicle to carry through, also, a commendation of the Trustees and miscellaneous others who were publicly or privately criticised. This made it a purely perfunctory act, in line with other machine methods of the meeting. It was too good an opportunity to endorse everybody to be overlooked by those who never overlook anything, and what was intended as a compliment became a pure, as well as poor, formal matter.

The motion as offered by Dr. McMurtry would have had possibly the affirmative support of every delegate. A large number of dele-

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gates, including the seconder of the original motion, as amended, failed to vote on the motion. The vote received by Dr. Walker, nominated by the editor of the Medical Sentinel for a place on the Board of Trustees as a protest against the methods of the board for self-perpetuation, showed that one-third of the delegates did not believe in such methods.

OBLIGATIONS OF THE PROFESSION TO THE A. M. A.

Every member of the American Medical Association should ever keep in sight the fact that it is his very own society. That its Journal is his own journal; that he is under moral obligations to give it the best support which he possibly can do; that if it has faults, he should not desert it and attack it from the outside, as so many are now planning, but should remain within and help to reform the society from the inside. He may never hope to get within the "inner circle," and should never desire to do so, and if he believes that the same is a menace to the long life and best interests of the society and the medical profession, he has a duty, either in the private walks with his professional confreres, or in the local societies, or at the A. M. A. meetings to help educate the profession and help destroy such cabal. Loyalty is the first desideratum.

LET US DISCUSS TEMPERATELY.

In A. M. A. matters, let us all pursue, so far as possible, a dignified, and as befits members of a great body such as the A. M. A. is, a reasonable, impersonal position when discussing those against whom criticism is to be directed. The membership of the A. M. A. is the greatest of any scientific body which has ever existed in the history of the world. Is it not worth an attempt, if abuses have crept into the management, to deliberately consider the same, and not forget that from any standpoint it will not help the cause to act ungenerously with those at fault? He who has the courage and disposition to criticise the management, must expect that his own journal, the Journal of the A. M. A., will attack him; that a vast sum of money, traveling organizers and other things that money will provide, will be hurled against him, but he can afford to wait, for patience will bring right out of wrong, and he will in due time be fully vindicated by the members of a great profession, not long in the wrong, nor long condoning reprehensible practices. If, therefore, the critic is in the right he can afford to suffer immediate indignities, in view of better things he will bring about in the end. Let us, therefore, approach this matter, which promises to be a long campaign, with moderation and temperance in speech. While speaking plainly, let us be gentlemen.

THE "INS" AND "OUTS."

There are certainly two parties within the A. M. A. Some may say they are the "ins" and the "outs." We must, if we are any of us organizers, begin our discussion by expressing admiration of the remarkable power which the "Ins" have displayed, by which they are able to perpetuate themselves and to remain "In." In order that the editor of the Medical Sentinel may not be charged with fighting

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in the ranks of this contest for a change, or that he is seeking some official preferment, let us now say that there is no position within the A. M. A. which has the slightest allurement in the smallest degree for him, and that any position of prominence in the society would under no circumstances be accepted by him, even if offered by unanimous choice of the society. He is engaged in what he believes to be a great work in the interest of the organization which he so deeply loves, and could only stultify himself by selfish action. This statement is made at this time, prefatory to a general statement which is now here made that it must be understood that all who enlist under the banner of the "Outs," must at the same time sink every individual ambition, of every character, so far as position in the government of the A. M. A. is concerned, or for any partition of the third of a million of dollars which is now annually handled by the "Ins."

"THE ORGANIZATION"—"THE REFORMERS."

Let us early dismiss such annoying terms as "The Ring" and others less complimentary, and agree to call those whom we would contend with, "The Organization," reserving to ourselves the name "The Reformers." Let us not, even, assume that we possess all the virtue of the world, and in assuming this name let it be taken in the broader sense, re-formers—to form again, to make into different shape. "The Organization" carries with it a sound of regularity and strength to which the "Ins" are entitled. Because the organization is the greater and stronger force, we must in honesty also name it first.

THE ATLANTIC CITY MEETING.

The attendance at Atlantic City was very disappointing. It was hoped by the friends of the Association that a larger number would be present than had been at the Boston meeting. Instead of this, the registration at Boston was 30 per cent larger than at the late meeting. It is claimed by some dissatisfied ones that the Boston meeting marks the high-water mark in attendance for the "Organization." It is the hope of the Medical Sentinel, and its belief, that the Chicago meeting next year will show the greatest registration in the history of the society. We hope, too, that whatever be the condition of management, that each succeeding year may show increased interest. The Reformers must do their part in making these meetings better and better as the years go on, so far as opportunity is offered them.

PRESIDENT BRYANT SERVED FAIRLY.

While not even a stray incidental position on a minor committee was permitted to go to the Reformers through appointments of the president, Dr. Joseph D. Bryant, the partiality of Dr. Bryant for the Organization was more apparent than real. The Reformers were not there for office or appointment. No one of them ever suggested to the president the appointment of any single person upon any committee. A president can not be expected to know all the men of the House of Delegates personally, and must depend upon some one. The Organization got everything because it is an organization, and looking out for the necessities of organization, took everything in

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sight. It is, therefore, not the fault of the president that he gave no representation to the Reformers. They got what they wanted in this regard—absolutely nothing.

What the Reformers did desire from the president they received, and that was an opportunity to be heard in occasional protest upon the floor of the House of Delegates. This showed the manner of man Professor Bryant is—free, fearless and just. The Reform forces desire to thank Dr. Bryant, surrounded on every side as he was and has been, that he so generously admitted to the floor upon several occasions representatives of the reformers. While the paucity of time for these remarks was manifest, there was a whole-souled desire on the part of Dr. Bryant not to arbitrarily over-ride the minority, nor to permit it on the part of others, to be done.

A WELL OILED MACHINE.

Whenever the Organization had work to present in the House of Delegates, the ease with which it went through would remind an Oregon man of the slipping of a barkless log down a well-greased skid, and the bark had usually been carefully removed by its friends before it was started. A Reform measure usually went down like bumping the bumps. While in transit its cortex was removed by the opposition.

THE ARMY CANTEEN.

The only time the Reformers scored during the entire session of the House of Delegates was upon the question of the endorsement of the restoration of the Army canteen. It was a victory worth while. To have as an ally the official support of the A. M. A. under resolution of the House of Delegates, as well as a paid emissary of the society in Washington working for the aims desired by the combined liquor interests of America, would have been worth $50,000 to such interests. The work of the Committee on Legislation under the masterful management of Chas. A. L. Reed during the past year, was of a very high order. Much good has been accomplished and many valuable suggestions had been made by the committee. It was deeply to be regretted that the good nature of Dr. Reed had been imposed upon and the proposed recommendation for the canteen had gotten into his report. The prohibitionists in the House of Delegates protested vigorously against the A. M. A. taking a political attitude upon any question. Dr. Grosvenor of Buffalo, delegate from the New York State society, protested vehemently. Dr. Elsner, of Syracuse, said it was an insult to the millions of W. C. T. U. women of America, and would spilt the medical profession and the A. M. A. Dr. Guthrie of Arkansas remarked that it was a queer position for the A. M. A. to take urging in the name of abstinence from alcoholics for the "poor soldier," the establishment of saloons within the barracks. Others discussed the question. There was a great majority in the House for the canteen. Dr. N. Fred Essig, delegate from Washington, strong, virile and convincing, in a splendid talk, said that the question was one of morals and had no place in the A. M. A.; that while personally he favored the canteen, he felt that it was out of place in

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this House of Delegates to commit the profession to the establishment of the canteen; that it was neither proper nor fair. Dr. Coe said that it was both a political matter and a religious one with those in the profession who opposed the canteen, and that it was not fair or decent to override the minority in the House simply because the majority had the votes. It was, in fact, a move against the prohibition party, which was not proper in this society. Dr. Coe moved as a substitute to the motion before the House "that the army canteen recommendation be rejected," that "the splendid report of the splendid work of the splendid Committee on Legislation be accepted and approved, with the exception of that one paragraph referring to the army canteen, which for purposes of expediency be not approved." The mover of the original motion accepted the substitute, and in such form the House voted aye and the canteen and the good job for some one was put to sleep as far as this session of the House of Delegates was concerned.

19—31.

The highest register upon any question of policy in the session of the House of Delegates during the Boston meeting *against* the administration was nineteen votes.

Supporting Dr. Walker for Trustee against the nominee of the Administration for re-election there were cast thirty-one votes. A few of these may have been complimentary from some poorly-held Organization men, but they would be offset by Reformers who had left the hall at the time the vote was taken, Dr. Walker himself, as well as several others having gone.

"THE GAME IS YOUNG."

The position of the Reformers is one of conscience, and is based upon broad principles deemed right. The movement is young, vigorous, hopeful and good natured. Whether such a combination as this can in the end be beaten, is yet to be determined. The Medical Sentinel believes that the major portion of its contentions will either be adopted by the administration of the A. M. A. or that the present managers will be swept from control, root and branch. Reform is in the air. Reform is needed in the A. M. A. There is an awakening. Most reforms are carried forward by those who have a grievance. The leaders of this reform feel that the remarkable condition present in the A. M. A. is a personal grievance to the whole profession, and to themselves as individuals. They are proud to stand for Reform.

PLATFORM OF THE REFORMERS.

1. Independence of the individual physician.
2. Right of the states paramount.
3. The editor of the Journal to be its editor solely.
4. No long nor life-tenure for Trustees.
5. Lessening of centralization of power in Trustees.
6. Plain, intelligible, definite financial reports.
7. A chance for a committee of Reformers to examine the books.
8. Suppression of all advertising in the Journal.
9. By elimination of advertising pages and other extraneous

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matter making journal more popular, increasing correspondingly its subscriptions, and

10. Reducing membership dues and subscription price.
11. Publication of names of cash beneficiaries.
12. Publication of names of cash paid contributors.
13. Publicity of plans.
14. Abandonment of manufacturing business.
15. Independence of every Reformer in the reform movement.
16. No officer or financial beneficiary shall belong to, speak or vote in the House of Delegates except that he may speak on request.

INDIVIDUAL INDEPENDENCE OF EVERY DOCTOR.

Independence of the individual doctor should be the very corner stone of every organization of physicians. Doctors are the most independent people on earth. To be gagged and bound is unwelcome treatment. It will not always be submitted to.

Take therapeutics, for instance. Under the leader of the Organization, physicians of every school are now recognized. It used to be the proud boast that the "Regular" physician reserved to himself the right to use every drug, preparation, combination or medical, surgical or mechanical device he, in his individual capacity, deemed proper, using the benefit of the whole science, or his own experience as a guide thereto. With the incoming of the Homeopaths and Eclectics the armamentarium was thereby thought to be broadened and bettered. Even the Osteopaths are now being received under advice of Organization men and legalized into "good form," by admitting them upon the regular boards of medical examiners, and legalizing the standing of all who shall at the time of the adoption of the amended Practice Act already be in practice. There is estimated in the United States to be of these the number of 20,000 young active men and women, an addition of 20 per cent to the number of "legally qualified practitioners" of the healing art. That ten thousand of these, at least, will recognize their saviors and subscribe, at $5 per year, for the periodical is confidently expected. The most of this miscellaneous crowd of osteopaths is not made up of educated men and women, and the general average standing of the profession as a whole must be thereby lowered. With this addition, however, there was expected to be even greater freedom for every doctor in his selection of the means to health. A general broadening and more independence have been the watchwords.

AN ALMOST FATAL STEP BACKWARD.

Scarcely has the door been formally opened to our good friends who were generally welcomed, the homeopathic and eclectic practitioners, and while the osteopaths, who are not well received by either regular, homeopath or eclectic as yet, are but half within the fold, strange things are happening.

The administration introduced at the late meeting, and caused to be passed by the House of Delegates, a resolution urging members of the A. M. A. not to employ any medical product not endorsed by the Council of Pharmacy. Instead of the old platform, good since the

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days of Hippocrates, that we must use the things that we think will cure our patient's woes, we are to adopt this new unreasonable and dangerous despotism in therapeutics as the future guide and rule of conduct! What must the shades of Hunter, Abernethy, the elder Flint, and the thousands who have fought for independence in therapy suffer at this moment, saying nothing of the shades of Hahnemann and Thompson?

A request from these, our leaders, be it remembered, today, is equivalent to a command. What a fatal step backward, in this year of our Lord, nineteen, nought, seven! The next step will be to make any physician who shall cure his patient with any product, drug, preparation or means whatsoever, not laid down by the Committee on Pharmacy, subject to expulsion from the society. This is as certain to come as was the expulsion of all medical journals from the grounds and rooms of the Association at the Atlantic City meeting which carried the advertisement of medical preparations not approved by the same Council of Pharmacy. The American Medical Editors' Association, consisting of two hundred members representing 137 medical periodicals found at Atlantic City that not more than two or three such journals, if any, were admitted to any section or to exhibition, under a like rule. Criticism is harmless if the critic is not allowed to appear. The editorial columns of the independent press teemed with live criticisms of tyranny of the organization. It was not meet that any such journals should be read at the meeting. The representative of the Post Graduate of New York objected. He said he had 250 copies of his journal that he desired to give away. He was told to keep his sheet out of sight. He remarked that in Russia a magazine with an offending article or page, reading or advertising, was printed over in black, or the pages torn out, yet the magazine was permitted to be circulated. The reply was: "This is not Russia. It is the A. M. A." Although facetious, it carried a true rejoinder. The action of the Council of Pharmacy, acting under orders of course, has driven away for all time the independent press. The A. M. A. has 50,000 circulation. The independent press, including every weekly and all leading monthlies, has a combined circulation in one issue of 350,000.

THE COUNCIL OF PHARMACY.

"Who is this new power in the land which seeks to dictate to every physician in the land?" may be asked.

The real power is that, as yet, undertermined force called the Administration. The figurehead is made up of the following excellent gentlemen: G. H. Simmons, chairman, Chicago; C. Lewis Diehl, Louisville, Ky.; C. S. N. Hallberg, Chicago; R. A. Hatcher, New York City; Reid Hunt, Washington, D. C.; L. F. Kebler, Washington, D. C.; J. H. Long, Chicago; F. G. Novy, Ann Arbor, Mich.; W. A. Puckner, secretary, Chicago; S. P. Sadtler, Philadelphia; J. O. Schlotterbeck, Ann Arbor, Mich.; Torald Sollmann, Cleveland; Julius Stieglitz, Chicago; M. I. Wilbert, Philadelphia; H. W. Wiley, Washington, D. C.

Not one of these is a physician in practice. Yet they are passing

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upon what you and every practicing physician in the country must use to be "regular." Not one in ten of the preparations used in this country have been examined as yet by them, yet all else are declared unusable. It will be noted, however, that this committee does not itself promulgate the detestable advice. The resolution referred to comes from the "inner circle" of the Organization.

The men making up this list are doubtless above suspicion, but what of those behind them? Come out in the open, gentlemen, and let us see your faces. Just think of it! A power demanded to pass upon every agency for the cure of disease! The opportunities for graft and duplicity with such an engine as this at disposal would be, if not promptly squelched, ten times as powerful and fraught with danger to the country as was the immense wealth of the life insurance companies before Reformers brought to task those great men who were using for their own selfish purposes the millions of the widows and orphans of this country. We charge no corruption. We simply do not know. We do not believe that the profession of America ever meant to deposit such enormous power in the hands of any set of men. If it did so mean, it certainly meant this power to be changed very often. The Czar of Russia is not as powerful, and if the recent order is to be seriously taken, never has been so arbitrary and dictatorial.

STATE RIGHTS IN MANAGEMENT.

As an example of centralization of power, the A. M. A., as controlled by the present Organization, has no other equal on earth. The state is but the tool of the general government. A gentleman who witnessed the farce of election of officers and appointment of committees, remarked: "My spiritual father, the head of the Church at Rome, has much coming to him in knowledge of a complete organization, until he should visit and study the operations of this Organization."

A BLOW AT THE SOUTH AND WEST.

Just as the House of Delegates was closing, Organizer McCormack, a Southern-born gentleman, and a resident of the sovereign state of Kentucky, offered an innocent appearing amendment to the Constitution, which must go over for a year for final action. This resolution provides that all ex-presidents shall be members of the House of Delegates.

LONG TERM OR LIFE FOR TRUSTEES WRONG.

The greatest wrong upon the profession is the re-election from year to year of the same old members of the Board of Trustees. A former president of the Association, himself a warm supporter of the general plans of the Organization, remarked recently that no sooner was a man elected Trustee than he began at once and continued through his three years service to electioneer for a re-election.

There must be some reason for their tenacity in holding onto what appears upon its surface to be a very unlucrative and burdesome position. What is the reason?

There are many ways in which power can be lessened in these offi-

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cers. The election of the entire board each year would, if upon any stray year a majority of Reformers should appear in the House, admit of a move to "go over the books."

The plan by which one Trustee is elected at a time and not all three upon one ballot, is certainly nothing less than a sharp ward politician's trick.

REDUCTION IN FEES.

As soon as possible, membership and annual dues and subscription price of the Journal should be reduced.

By the elimination of all advertising from the Journal, one bone of contention would be removed. As the Journal now assumes to stand as sponsor for all its advertisers, every time a doctor uses a drug advertised there with ill results, as some have recently done, the Journal is blamed. When a doctor buys a new book because it is advertised in the Journal and finds it to be but a rehash of some other old book under a new title, he curses the Journal. The Journal should quickly rid itself of all advertising.

By the reduction of much of what is now recognized as useless material pubished weekly in the Journal as well as the removal of the advertising pages altogether, the cost of the journal could be materially reduced. The loss in adverising patronage would be promptly met by the increase in subscriptions for the then best journal published.

The struggling doctor in the interior, or the young physician starting in the city, or the old physician dropping out of practice, finds the payment of $5 per year, added to his other expenses, a hardship. The price of the journal, and of membership, should be reduced to say $2.50 a year. Every doctor in the land would then take the Journal, the official organ of the great American Medical Association, so that with a smaller journal, reaching double the subscribers, the total net income would, in the opinon of the Medical Sentinel, be much increased.

PUBLISH THE BENEFICIARIES.

The whole profession, and especially those who are to legislate for the Association in the House of Delegates, should know who, in the profession, is receiving portions of the enormous sum of $325,300.35 reported as collected during the past year. Many men are in the House of Delegates who know nothing about it. They would like to know if their seat mate upon the right or left who is supporting and voting for or against the Organization has been a special agent, a special correspondent, a special report man, or what not. That some men who were at the same time members of the House have been so favored, the Medical Sentinel has positive knowledge.

That a man may sit in the House of Delegates and vote away the money of the Association to himself and yet be strictly honest is admitted. That it is right, we emphatically deny. It is not fair treatment to the men back on the plains of Nebraska, the mountain sides of Tennessee, the rugged hills of Maine or the valleys of far-away Oregon, saying nothing of the men of city life everywhere, who being in closer touch with his neighbors in the profession, are supposed to be better equipped to fight for their rights in society work.

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The names of those to whom cash is being paid "for original work" should be published. The publication of some of these things would make interesting reading.

SQUARE FINANCIAL REPORTS.

It is doubtful if the editor of the Medical Sentinel would have taken the time or devoted the space it has here to the present methods of the Organization, except for what occurred in the House of Delegates touching the financial report of the Trustees.

It had been his intention to again enter a protest as to the inaccuracies and misleading features of the financial reports, and having so done, to drop out of the House of Delegates in a quiet way and to leave to others the fight which is coming with greater vigor and strength as days go on.

We recognize that not half the subscribers of the Medical Sentinel are members of the A. M. A. or subscribers to the Journal, and also that but a few of these members are in sympathy with the movements of the Organization. Oregon is still smarting from the cruel, ungrateful and heartless blow struck at it, after we had done our best (and acknowledged to have been well done) in caring for the American Medical Association at its meeting at Portland in 1905, such blow having been given it by the Organization through its Organizer and in the Journal.

We feel, however, that greater interest should be had in the A. M. A. While present methods, if the Sentinel is right, should be freeely criticised, the general good of the Association should be considered. No one should drop out. Others should join. Better days are coming.

But little time is granted to any one to speak in the House of Delegates. Ten minutes was given Dr. Coe to discuss the report in opening the criticisms. Others fared not so well, being allowed but five minutes. Dr. Harris was, of course, allowed all the time he desired, by consent of the Reformers, in trying to explain matters.

He began his explanation by ridiculing criticism, jeers from his followers being thrown in as to such criticisms. In this he was in line with the jeering laughing which was given that splendid man, Grosvenor, driving him from the House, disgusting others, who also left before the session closed.

Harris remarked that the report was all any decent-minded man needed (applause), and that no man of business would criticise the report (renewed laughter), and that the man who would ask questions and criticise (as the editor of the Medical Sentinel, the sole representative of the sovereign state of Oregon in the House of Delegates) "had no business ability." (Laughter and commiserating jeers.) It will be noted that this statement was full of wit, and merited laughter by sensible men acquainted with witticisms. Whatever else they may do to the representative from Oregon in the late House, they can't laugh him out of the fight.

Oregon may not have as many people as some states have, but the late delegate is just as proud of his own state, and of its state society

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which has honored him by making him its president, and of his own section of the country, as the delegate from the packed state medical society of the state of Illinois.

He now submits the statements upon which he criticised the reports, and will leave it to others to judge whether he had grounds for inquiry.

THE REPORT OF THE TRUSTEES.

Under the head of *Balance Sheet* in the two accounts, Assets and Liabilities, appears in

Assets—

Net investment in Directory to date (see Exhibit D).....$43,820 66

On page 2 appears:

EXHIBIT D.

American Medical Association. Net Investment in Directory Dec. 31, 1906.

Directory equipment, etc.	$ 6,124 75	
Directory sales commissions	735 50	
Directory advertising commissions	109 38	
Express	67 55	
Postage	4,254 13	
Correspondents, information, etc.	1,983 81	
Pay roll	23,674 96	
Jobbing	1,651 00	
Advertising (in Journal)	385 00	
Paper	1,391 86	
Supplies	129 49	
Stationery	412 77	
Insurance	201 50	
Miscellaneous	320 13	$47,441 83
Less—		
Advance Directory sales	$ 3,546 17	
Advance Directory advertisements	75 00	$ 3,621 17
		$43,820 66

On page 16, in the regular small type, but not tabulated, appears the following:

To offset the charge of $41,406.33, there are at present the following assets: (1) 7,300 advance orders for the Directory, which at $5.00 each gives a total of $36,500; (2) as 8,500 copies of the Directory were printed, there are on hand 1,200 extra copies; (3) advertising contracts for the first edition to the amount of $7,400, giving a total of cash assets of $43,900.

Delegate Coe criticised any set of bookkeeping that would in the presence of the finished product, give an *expense account* and class it under ASSETS. In passing, it might also be inquired, if this is the net expense, what was the *gross* expense?

In any Annual Statement the four principal items are *Assets and Labilities* under Balance Sheet, and *Income and Expenses* under the Profit and Loss account.

This statement is purely fundamental and elementary. Any school boy of ten years knows this, whether the "business men" of Dr. Harris and his humorous friends of the late session appreciate it or not.

To transpose in the Directory account the item of *Expenses* of Profits and Loss, if such an account had been completed, and introducing it under Balance Sheet to that of the other side of the ledger as

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Assets is certainly a system of bookkeeping jugglery worthy the insurance trustees of a few years ago.

A man may buy a farm for $10,000 and spend thereon improvements to the cost of $10,000 more, yet in a balance sheet he is not authorized in reporting to far-away owners that the farm now has a value of $20,000. If the additional $10,000 was spent in clearing ground and putting it out to fruit trees the farm may then be worth $25,000. If he put up a swimming pool for employes, a guests' cottage for visitors, builds a driveway for the pleasure of the manager, and other like expenses, the real value of the farm may be, after the expenditure of the additional $10,000, but $11,000 or $14,000.

The statement that until something tangible to speak from appears, the only way of stating the net value of the Directory was what it cost, would be like the man who said his string of fish was worth $10, because in rods and whisky he was out that sum of money.

Beside this, there is absolutely no standing for such a claim because in the matter quoted from page 16 a schedule of the finished product is given.

A DIRECTORY REPORT.

A fairly accurate Directory Report taken from matter quoted from as above could be made up about as follows:

7,300 advance orders Directory, at $5.00 each	$36,500
500 additional Directories, probable sales	,2,500
Advertising contracts	7,400
Gross total	$46,400
Loss on collections and bad debts, Directories and ad. bills, 10 per cent.	$ 4,640
Additional binding	800
Cost of deliveries and collections, 5 per cent.	2,320
Office and shop expenses	1,200
Accounts under bills payable	3,440
Balance investment going under assets	34,000
	$46,400

This would leave a loss of $12,500. It will be noted on page 17 the loss is said to be between $10,00 and $15,000. The totals are, therefore, not far out of the way, even if the items are.

Under *Assets,* therefore, the item should read: Net value of Directory (see page 17), $34,400, instead of the item as before referred to. This would also reduce the net revenue from this change alone in the report from $31,915.01 to $22,944.44.

THE WHITEWASH.

That the Trustees have "vouchers" for the third of a million dollars is certain. This does not interest the members of the A. M. A. What does interest the members is *What is on the vouchers?*

Good clean lime and good clean water with a little clean glue, make up a very honest mixture. Where large surfaces are to be covered, and where economy is desirable, whitewash surpasses linseeed oil and

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white lead. It has this advantage, too: it can be put on in a thick covering.

For ordinary purposes, a strong covering of real paint is preferable. When properly applied, one may not know whether the underlying wood is sound or decayed. It is only when stress or careful examination is made that the real state of the substance covered by the paint is determined.

To whitewash paint, however, is something not of the ordinary.

The Trustees have made their reports so that they read, in a casual inspection, as though everything is as it should be. "No man need know more," said a Trustee. Their year's operations may be said to constitute the structure. The report they have made is the good old white pain. It puts a glossy and satisfied appearance to the structure. This paint may cover over good material or material badly decayed. The Reformers desire to scrape off the paint here and there and look at the material. It was right to put this paint on.

After having painted their work, the marvel is their second treatment. They now get some one satisfactory to themselves to O. K. their own work. Great Gods! Having put on a splendid coat of beautiful linseed oil and white lead (at the expense of the members), they then call in one whom they feel will be all right and he goes over this delightfully glossy surface and applies a coat of whitewash (also at the expense of the membership) to the structure.

This is where we gently withhold our approval. Paint or whitewash, we are suited with, but whitewash (at our expense) over paint (at our expense) is too much.

If the House of Delegates should desire an examination and appoint a free and untrammeled committee to make such inspection, if things should prove all right, a clearance would then be given the Trustees. Whitewash over paint absolves no one. It is, on the other hand, a needless piece of extravagance, open to criticism. Then, too, the cosmetic effect is altogether wrong.

SUGGESTIONS ON MEDICAL INSPECTION

The governor of Massachusetts recently appointed a committee to prepare a circular of advice to the school physicians of the state to aid them in performing their duties under the lately enacted law requiring medical inspection of school children. The law requires the inspection of each school child at least once a year to determine whether he is suffering from any disability tending to prevent his receiving the full benefit of his school work, or requiring a modification of the school work in order to prevent injury to the child or to secure the best educational results. The information contained in the circular has been furnished by representative medical specialists of the state so that it represents the highest professional authority. The circular is suited to the use of teachers as well as school physicians and contains suggestions which will prove very valuable to them in detecting cases among the school children that afford reasonable suspicion of being affected with infectious diseases, or diseases or defects of the eye, ear, nose, skin, bones, teeth, or the nervous system.

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IMPEDIMENTS TO MEDICAL LEGISLATION

By T. J. SULLIVAN, M. D.
Butte, Mont.

Read before the Montana Medical Association, at Billings, May 15, 1907

For want of a more comprehensive term, "medical legislation" is often used to denote any law-making that tends toward the preservation of life and health by the prevention or cure of disease, and in this sense the phrase will be used in this article.

In the dim early days of history the individual preserved life and property with the strength of his good right arm. If he was wounded or ill, he generally succumbed to attack in his helplessness. As mankind gathered together in nomadic bands, for mutual protection, the individual was protected in his life and property by the community to which he belonged. As tribes abandoned the roving life and adopted fixed habitations some sort of sanitary regulations became necessary, otherwise the crude villages would soon have become uninhabitable. The laws protecting life through sanitation were never as complete nor as well enforced as the laws against violence; probably because disease generally attacks individuals. It is only when it appears as an epidemic that it is regarded as an attack on the community, and it is only in this case that it is fought vigorously and unanimously.

The laws for the protection of property rights early reached a great degree of perfection, but the laws for the protection of human life, even today, while ample for the punishment of proved unpremeditated murder, are still very imperfect; and, though efficient against the grosser assaults on human life, are generally inadequate to combat the more subtle and refined attacks on health and life. The stealing of one dollar from a man's pocket or the forging of his name to a five-dollar check means to the offender a long term in the penitentiary, but a man's health may be wrecked or his life lost through the false representations of a medical charlatan, and the criminal laugh at the law. The law will protect you from financial extortion on the part of your dairyman, but will permit him to murder your child by feeding it liquid disease. The newspaper publisher will be fined for running the advertisement of a lottery that might defraud you of your money, but he has a perfect right under the law to act as a bunco steerer for all the dope venders and health destroyers in the universe.

The community that will view with perfect equanimity the death of an individual from a preventable disease, will be thrown into the

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greatest excitement by the murder of another person of no greater importance to society. The murderer will be punished with the greatest ardor, but the source of infection that killed the disease victim will probably remain undisturbed. The connection between cause and effect, in disease-producing conditions, seems never to have greatly impressed the laity. The learned professions, with one exception, have done but little to instruct the people, or rouse them to the importance of the subject.

Only one body of men, the medical profession, has always striven to promote legislation in behalf of health, commensurate to that devoted to money, notwithstanding the fact that the living of the physician depends on the existence of disease, not on its eradication. Unselfishly, the curers of disease have sought to promote health and life to the detriment of their own selfish interests, and have ever been opposed to two great curses of humanity—ignorance and avarice.

The first foe the medical legislator encounters is suspicion, that narrow-eyed child of ignorance. The physician has a code of professional morals totally incomprehensible to the ordinary business man and absolutely incompatible with the commonest business principles, and, as he is not understood, he arouses suspicion. Just think of a lawyer who, unsolicited and unpaid, tried at every opportunity to reconcile differences out of court and took every opportunity to advise possible clients against useless litigation. Think of a grocery man who habitually advised against buying unnecessary goods, sold the greatest quantity possible for the least money, and who always gave an ample share of his goods to any one who came to him in the straits of necessity, suffering the pangs of hunger. Think of a railroad that carried the food and products of the farm at a nominal cost and delivered coal in the bitter storms of winter free of charge, and then tried to pay its expenses by charging a high freight rate to Rockefeller, Armour and Swift, because they were rich and could pay. The great principle of modern business is monopoly, obtained by the crushing of all competitors. The physician is bound to welcome and aid his competitors, even to his own detriment, and he must not and does not interfere with their prosperity. There are no medical mergers and no medical trust, therefore, to the common observer the physician is an absolutely inconsistent and therefore suspicious person.

And our legislators are too often cynical and ignorant. Take a legislator from a cow county, who looks upon all city people as criminals, or a statesman from some city whose habitat is the corner saloon, and present either of them with a sanitary question intended to benefit the other and you can readily predict the result. The instant it becomes known to the general public that the medical profession wants a law passed, ignorance prompts suspicion and prejudice and resentment are at once aroused. Three years ago when the state health board law was proposed the enlightened mayors of Montana flocked to Helena to defeat it. To be sure, the public-spirited gentlemen who organized the fight against it had an object in view, but

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the majority of those who went to Helena at the expense of their respective municipalities were actuated only by prejudice founded on ignorance, and the broad-minded executive of the metropolis of Montana, when pressed for his reasons on his return, said: "Aw, we don't want any more doctors' laws."

There are many forms in which ignorance displays itself in our legislative halls when medical questions arise. There is that swelling conceit that begins to inflate the embryo statesman, be he just off the bunchgrass or from the classic precincts of Dublin gulch, that causes him to feel, or to believe, as soon as he enters the capitol, that by virtue of the honor conferred on him he is rendered entirely superior to the advantages of education, knowledge or experience, and that the most abstruse questions are as child's play. Just listen to these excerpts from a Helena newspaper, published when the meat and milk inspection bill was before the house, as an example of legislative acumen.

One bucolic solon said it was the duty of the state veterinarian to attend to the inspection of meat and milk and the testing of cows called for in this bill. The state veterinarian, with one deputy, has to take care of some 300,000 cattle, probably 200,000 horses, and, it is estimated, 3,000,000 sheep. If there were 14,000 cows to subject to tuberculin test in bunches of 25, it would just exactly take all of the state veterinary's and his deputy's time for three years and eight months to do that alone, to say nothing of meat and milk inspection and the vast interests of horses, sheep and cattle which his office, crippled by the ignorance of our legislature, vainly tries to properly take care of. The same sapient gentleman wound up his remarks by saying: "Bovine tuberculosis a bugaboo." For twenty years the greatest scientific minds in the world have worked on the problem of the origin of tuberculosis. Koch and Behring differed six years ago, but since then every nation has contributed its quota of knowledge until a summing up and a comparison of results show that without reasonable doubt tuberculosis generallyoriginates from intestinal infection, and that the danger from infected cows' milk is one of the greatest perils of the human race. Yet, without one moment's study. this inspired bunchgrass oracle glibly discusses a question that has puzzled science for 20 years.

Another gentleman, a stern guardian of the treasury, opposed meat and milk inspection as an injustice to the people. "If Helena, Butte or any other city wanted inspection, let it pay for it and not tax the state." Let the dairymen and farmers keep diseased cows and produce diseased milk and meat, and if the dwellers in towns and cities object, let them keep the filthy, poisonous stuff out; for, according to this learned gentleman, it is good enough for the inhabitants of the smaller places and the state at large.

There is another form in which ignorance may manifest itself when a sanitary question arises, and that is, some pastoral wit may make it the subject of his fine facetiousness. One verdant statesman seemed to greatly enjoy his own jocular suggestion, "to investigate

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the creeks and wells where the milkmen got the water they put in the milk." Nero is said to have fiddled while Rome burned, and the man who is supposed to represent the health and the interests of the people exercises his alleged wit while 4000 tuberculous cows infect the children of Montana and help swell that ghastly army that marches to the grave under the somber banner of the great white plague.

The legislature is the crystallization of the will of the people, and its members are supposed to represent the intelligence of the community, yet how many voters could be secured for a law to compel the vaccination of every school child in Montana? The only law that can ever protect this state from ravages and financial losses caused by smallpox. The money spent by Silver Bow County alone would vaccinate every person in the state. But ignorance howls against it. Blood diseases, amputated arms, disfigurement, death and all the rest of the obsolete lies about vaccination are taken out and paraded for the intimidation of the illiterate, and the ignorant legislator kills the bill. Ask for an appropriation for antitoxin to immunize all infected schools and the same ignorant objections arise, yet we know it would save many lives, as well as many dollars.

These are but a few of the forms in which ignorance manifests itself as an impediment to medical legislation. The shapes in which it may appear are myriad and protean, and it is the specific and appointed task of the physician to drive it from the world. The medical profession, for all its self-sacrificing efforts in behalf of the people, has, through its extreme conservatism, withheld from them one of the greatest boons in its power to bestow. The profession ought to give the people, through the medium of the daily press, the truths the profession alone can give them. Daily and weekly articles on sanitary and medical matters written in popular style would be of real service to the public and would help greatly to remove one of the great obstacles to medical legislation.

Of the two great obstacles to medical legislation avarice is far the greater, for it survives and increases long after the other has melted away before the light of science. The bitterest foe that medical legislation encounters is the cold-blooded man of education, who sees in some measure for the betterment of humanity a menace to his individual, pecuniary or property interests.

One of the greatest glories of the great state of Montana is her cold, pellucid, sparkling mountain streams, and who has prevented an adequate law against their pollution? Principally the mining interests headed by the keenest intellects and the best educated minds in the West. What care they for a blooming valley, changed from a healthful abode of man to a gray, desolate waste, provided the destroying process brings money in the form of dividends to themselves or their companies? Of course, the manufacturer who wants to use the streams as receptacles for his waste will fight any proposition that makes him take care of his dye stuffs and washings, and the butcher who pours his blood, filth and offal into a convenient creek will eagerly

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second his efforts. Nor is the opposition to protective legislation for water courses confined to individuals and companies, for sometimes entire communities want the privilege of contaminating a stream, as in the Milk river case, where a city, to save the cost of properly caring for its sewage, wanted to dump it into the stream that furnishes drinking water for a large expanse of country.

The Cedar river is one of Seattle's principal sources of pure water. Its watershed should have been jealousy guarded, as it has been looked to as the means of supply of the great city of the future. An avaricious railroad company, appealing to the avariciousness of a venal city council, recently slipped a bill through, giving the railroad company the right to build a road through the Cedar river valley. The innumerable sanitary abominations of railroad camps and the filthy disease-reeking condition of all heavily traveled railway beds, would destroy this valley as a source of pure water. Of course, the medical profession rallied as one man to fight for the public, and the public stood off, as it usually does, in apathy and ignorance, and let the profession alone fight the battle. Unfortunately for the future inhabitants of Seattle, avarice practically won the battle. Physicians know that every mile of heavily traveled railroad is infected with typhoid germs, yet legislation calling for sanitary tanks attached to each car has as yet been defeated by the avarice of the railroad, aided by covetous legislators.

Related to and included with the question of impure water is the matter of bad ice. This problem has arisen in many localities in the United States, and nowhere was it fought out more bitterly than in Montana. With its clear mountain streams and long freezing winters, ice ought to be one of the cheapest commodities in the state, yet such is the avarice of the dealers that many of them would use filthy water, if near at hand, rather than lessen their profits by the longer haul necessary to secure ice fit for human consumption. Certain dealers in Butte made ice from ponds fed by a stream which half a mile above received the blood and offal from the slaughter of a thousand animals a month, and which was the wallow of one to two hundred hogs. When these ponds were condemned, the owners secured the services of a portion of Butte's city council, and the members who enlisted under the impure ice banner certainly earned their money, for no means of defeating the object of the health department was neglected. Charges of conspiracy, appeals to prejudice, politics and religion, and lies of every degree and color were resorted to and the city put to an expense of over $2500; all to prevent the council's concurrence in the condemnation of ponds that any person, even though destitute of special knowledge, could see were unfit for use. To see a body of sixteen men at $8 per day driving in cabs to ice ponds, each cab furnished with a bottle and a box of cigars, and gathering bacteriological ice samples with their naked hands, would certainly make a physician feel that while the medical profession has always handled sanitary questions to the betterment of the public, the laity can show him how to handle them to his own personal benefit.

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It is conceded that it is a crime against humanity to compel a human being to live in a house destitute of means of proper ventilation and drainage. Yet, in the absence of laws to the contrary, a man may be lodged in a room foul and close, to be poisoned with sewer or illuminating gas, and every attempt to pass an effective law governing those conditions is fought by landlords because it lessens profits. An ordinance to regulate the ventilation of lodging houses was passed in Butte some time ago, but like all laws passed in the face of influential opposition, is practically a dead letter; it being sometimes easier to kill a law after its passage than to fight it while the people are aroused. In the matter of dwelling houses and tenements for families, avarice seems to have effectually blocked all legislation, and five human beings may be crowded into a space scanty for one, with no chance for redress under the law. The lack of proper ventilation in theaters, churches, schools and other places of public assembly is a matter which, properly appreciated by the people, would surely compel the passage of effective laws governing the subject. A civilized person would be outraged and disgusted were he offered the unwashed spoon used by another, or a soiled napkin, and a portion of food left over by another would probably produce nausea. Yet that same person will in a crowded theater be compelled to inhale air laden with the imponderable particles of another's body, epidermic scales, mucus epithelium, tubercular bacili, vaporized perspiration and all the foul exhalations of the human body, too frequently covered with the accumulations of days and weeks of neglect. The man who designs the building and the man who owns it generally know the perniciousness of bad air, but avarice prevents the remedy and the ignorance of the people condones the offense.

The national pure food law was introduced some nine years ago and passed one year ago. Nobody fought it openly, but year after year it was quietly laid away. The reason is plain. The food manufacturers of the United States, making millions of dollars by trafficking literally in the heart's blood of the people, came to Washington, and with money that should have been ornamented with a gravestone instead of an eagle, bribed congressmen and senators to dispose of the bill by killing it in committee, or some other quiet method of slaughter. Now that it has been passed, avarice is doing all possible to defeat its object.

The pure food bill introduced in the last session of the Montana legislature was defeated principally by the misrepresentations of a certain druggist, who feared that the bill would stop the sale of certain nostrums that he manufactured and sold and on which his avarice fed to the detriment of his dupe's health and pocketbook. This gentleman, with greed gleaming from his countenance, worked like a levee rat for the destruction of the food bill, which, like the dikes of Holland, would have saved the people from the inundation of dope that threatens to overwhelm public health. Here the avarice that would fatten on public welfare was aided and abetted by the ignorance of the public's guardians, the honorable house and senate, who should have seen through his specious appeals to prejudice, and his selfish, puerile sophistry.

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Milk, the most important food for infants and invalids, the only one generally used in a raw state, has the most urgent need of legislation, in order to be protected from the frauds to which it is exposed. The difficulty of obtaining it in a pure and clean condition has led to the passage, or attempted passage, of many laws governing its production. It, moreover, lends itself so readily to dilution, skimming and adulteration that it seems to present an almost irrestible temptation to its producers and dealers. Naturally, milkmen oppose any regulation of their traffic, because, without systematic milk inspection, the public is completely at their mercy. In the absence of milk inspection a dairyman can add 35 per cent of water to his milk and sell it to the average consumer without detection. This means that a dairyman who keeps one hundred cows and markets his product at 20 cents a gallon, may add $5000 to his annual income by a judicious use of the pump or the creek. It also explains why the owner of the dairies of this state can afford to keep a strong lobby at the capital to block legislation that interferes with their fraudulent profits.

While a few public-spirited and intelligent stockowners understand the importance of the restriction of bovine tuberculosis, the majority of dairymen are utterly ignorant or entirely careless of its danger, and want to continue the sale of tubercular milk unless the state will pay them as much for their diseased cows as healthy animals would cost. In fact, one dairyman, who wanted to use the law as a holdup for the state, became its bitterest enemy when he failed to get three prices for his tuberculous bovine wrecks. Legislation against bovine tuberculosis has been the most difficult ever attempted in the line of sanitary measures. The chief reason is that where tuberculosis gets established and intrenched in a dairy state the cost of eradication is prohibitive. The state veterinary estimates the dairy cows of Montana at 14,000 and believes that about 30 per cent are tuberculous. To test 14,000 cows, averaging herds of 25, every six months for two years, two days being required to a test, would make 4480 actual working days, which, at $5 per day, would amount to $22,400. Should 30 per cent, or 4200, prove tuberculous, they would cost, at $30 a head, $126,000, making a total of $148,000. This sum, large as it is, is insignificant compared to the life of one of our loved ones, but when the question comes before a state legislature, avarice and ignorance join hands in unholy confederacy to keep the sacred dollar in the treasury, to prolong the lives of disease-breeding beasts and destroy the lives of the beings God has created in his own image.

The same threadbare arguments are always advanced. Koch's long discredited diction is always brought to the front and hurled at the advocates of milk inspection. That scores of scientists have disproved it does not seem to lessen its value in the eyes of the opponents of dairy legislation, and it could be heard in every committee room and every assembly room of the capitol whenever meat and milk inspection was discussed. Of course, the valuable personal opinions of the lay parties to the controversy were always strenuously advanced; but the real reason for the struggle against milk inspection and tubercule testing

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is that dairymen, desiring to be untrammeled in their fraudulent practices, are willing to continue selling disease-producing milk rather than suffer the pecuniary loss attendant upon eradicating tuberculosis. It is a question that has come to stay and it will not down. Every year it becomes plainer to even the lay mind that the eradication of bovine tuberculosis is necessary to the protection of the human race from consumption, and every year it is postponed the cost increases.

The report of the Pennsylvania livestock sanitary board, 1904, shows that the state condemned, destroyed and paid for 5,869 tuberculous cattle. The average price paid in New Jersey for tuberculous cattle killed was $25.17. Like cattle killed on railroads, tuberculous cattle are generally rated as fine-bred Jerseys, thoroughbred Holsteins and other valuable varieties. The prices claimed for the cattle destroyed in this state ran as high as $72, which price was demanded for more than 200, and the refusal of the state to pay this exorbitant sum induced some of the most malignant opposition the milk inspection bill encountered.

The country is familiar with the "Jungle" scandals that led to national legislation on the subject. The exposure of the packing-house methods, while disastrous to the export meat trade, will in time prove a salutary lesson to the packers. The indignation aroused by the expose forced the passage of the meat inspection bill. This law is by no means perfect, but is a move in the right direction. The packers' lobby at Washington, with the assistance of some senatorial and congressional money-worshipers, managed to partially emasculate the bill and put the cost of inspection on the government in making the people pay the cost of inspection. Congress and the senate betrayed the people, even as Judas the Master, and for the same reason. When the packing companies were shown to be dishonest, and unworthy to be trusted to prepare clean, wholesome food for the public, the cost of policing them should have been charged to them; for it is clearly unfair to make the innocent person who has been robbed pay the expenses of watching the unpunished thief that he may not suffer the second time. Nor are the large establishments the only ones needing inspection. Proportionately, there are more diseased cattle killed in small slaughter-houses than in the big packing plants. The small butcher shops require attention, as in many of them you will find preservaline, freezine and other boracic acid compounds and formaldehyde and sulphur compounds. Preparations of pyroligneous acid are used to produce so-called smoked meats and sausage. You will sometimes find that tainted pieces of meat and trimmings are thrown into a barrel, deoderized, and later worked into sausage meat. Poultry dipped in a preservative, that embalms it so that it will dry up to a mummy before it decays, will occasionally be found in retail shops. As far as the butchers and packers of Montana are concerned, while not all deserving approval, it can be said that they have never impeded legislation looking todward the regulation of the industry and inspection of its products; they have, in fact, always seemed to

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favor it, and many of them aided as far as possible. In that respect they have been in strong contrast with the dairymen.

Under this head we have to deal with the most pernicious, active and dangerous form in which avarice acts as an obstacle to medical legislation. In his attitude toward society the charlatan is the exact opposite to the ethical physician. The physician guards the public from disease and lessens his own clientele; the quack creates disease, at least in the mind of his dupe, that he may work for himself. The physician cures, but does not claim to cure; the quack claims to cure, but does not cure. The physician gives his services to the poor; the quack robs the rich and poor alike. As the physician is ever trying to protect society, so the quack is always trying to pillage the public. With aims and morals so totally at variance, they will always be found arrayed against each other when medical questions arise in legislative halls. As the buzzards flock to destroy the new-born lamb, so the medical charlatans rush to the capital whenever it is rumored that an ethical physician has a bill before the assembly, and like their prototypes, they will rend their prey to pieces unless it is valiantly guarded. Like the gambler and other enemies of society, they are always ready to divide their ill-gotten gains in order to continue their nefarious pursuits.

And then there is that flock of queer birds, osteopaths, etc., not quacks, but who might be appropriately called "near-doctors," even as we speak of near-silk and near-plush. Just as there are persons whose pecuniary conditions precludes anything but near-silk, so there are poverty-stricken intellects that incline to near-doctoring, but as the poor (in purse as well as brain) are always with us, we can count on the "near-doctor" being always an impediment to wholesome, normal medical legislation we expect to find all the "peculiar" people, professors of Christian science, faith cure and the rest of the medico-religious superstitions; the people who tell their credulous dupes that pain and sickness (in fact, everything else) exist only in imagination, except the money they receive as fees—that is, and must be, genuine United States currency.

One reason for the astonishing number of otherwise normal persons who take in these healing fads is that it affords an outlet to that itching to advise and prescribe for sickness and injuries that seems to be almost universal in the human race. You may have a lawsuit on your hands and may discuss it with a hundred people, none of whom will venture to advise you, but should you have a cold or a sore finger, every one you meet will have a remedy which he will insist upon your trying. And there is no more obstinate and dangerous fool to be found in the state asylum, nor a meaner antagonist to medical legislation, than a full-fledged "science" doctor with a Mary Baker Eddy diploma in his head.

Optical quacks as a rule confine themselves to misfitting glasses, but some treat all sorts of eye diseases, and a few notorious ones claim to cure everything from baldness to ingrowing toenails by the application of the proper sort of spectacles. Like all the rest who live on

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the borderland of highway robbery, they are very much opposed to any regulation that protects the gullible public from spoliation.

No influence has more greatly impeded legislation for the protection of health and life than that of the "great American fraud,' patent medicine. That mephitic curse of the American people has destroyed more bodies, ruined more souls and dishonored more names than any other agency outside the drink traffic. It has made fabulous fortunes for the vampires who manufacture it, and they have established such a system of espionage over the country that they know of unfavorable legislation in any state within a few hours. The contracts with newspapers not only call for so much advertising space, but frequently bind the paper to editorially take up their cause and fight any legislation likely to be injurious to the sale of their quack nostrums. They have always employed in the work of gulling the public the most brilliant talent and the most unscrupulous tricksters. Many of the testimonials, surmounted by simple, vacant-looking faces, are indubitably genuine and the pictures true portraits of the half-witted individuals who indelicately advertise their mental and physical disabilities before the public. Unfortunately the users of quack dope are not all ignorant or uneducated, for the cheap booze known as "Peruna" has been extolled in the daily papers over the signatures and under the portraits of some of our noted public characters. This fact only emphasizes the necessity of legal protection for the public, for no one would knowingly publish himself as enamored of the seductions of an incipient jag; and that certainly is all that Peruna is capable of effecting.

Of course, without the newspapers the patent medicine business would dwindle and die and quack doctors retire to inocuous desuetude; and the majority of persons who think at all on the subject unreservedly condemn the press for lending itself to the propagation of the patent medicine fraud.

There are, however, two sides to the question. The ordinary newspaper is entirely supported by the advertising columns. When you subscribe for a newspaper the money you pay does not pay for the white paper and the delivery to you of the copy you receive. The editorial, reportorial and art departments, as well as the printing, stereotyping and press work must all be paid for by the advertising. The advertising is necessary to the existence of the paper, and patent medicine advertising is an important item.

The entire public is to blame to some extent for this condition of affairs. We demand the largest possible paper and the latest and greatest quantity of news and other reading matter, served in the most attractive form, for the least possible money. We get the largest and best paper to be had and the advertising must pay for it all. How many, even in the medical profession, would pay double for a paper as a condition of eliminating patent medicine advertising? The value of a paper as a source of revenue must depend entirely on its advertising patronage, which, in turn, is gauged by its circulation. When you pay $10 for a year's subscription you probably feel that

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you have given the publisher a profit of $5 or $6, while the fact is that you have merely infinitesimally increased the paper's value as an advertising medium. If the paper has 15,000 subscribers, you have increased its value one-fifteenth thousandth.

The editorial columns of the daily press are generally on the right side of every medical and sanitary question that comes before the public, and some of the greatest successes achieved in health legislation would have been miserable failures but for the earnest and devoted work of the daily papers. There is probably not one paper in the state that would not gladly drop patent medicine advertising could something be found to take its place, or would the people accept a publication reduced in proportion to the reduction of income.

The most intelligent body of men in the world today is the newspaper fraternity, and it can be made the most powerful friend of medical legislation if the medical fraternity will only get into a thorough understanding with it. Our code of ethics, while founded on the soundest theory and built on the highest plane of morality, is not, in its narrower interpretation, suitable to modern conditions. This is the day of publicity. One of the obstacles to proper medical legislation is the fact that we are trying to apply literally to a world that fairly hums with pulsations of the telegraph and telephone and shakes with the vibrations of the printing press, a code of ethics instituted in an age when news traveled as a man walked and the stylus and papyrus recorded the world's history and activity. The medical profession must modify the application of its code to meet modern conditions. It must get in closer touch with the public and the only way the public can be reached is through that epitome of modern activity—the daily newspaper.

The medical profession is inclined to be tolerant of publicity. We condemn newspaper publicity for the individual practitioner, but as a profession we must, in justice to ourselves and humanity, make our code of ethics, our methods, objects and aims, better known and understood by the laity. Every local society should have a publicity bureau and instead of excluding the reporter from medical meetings he should be welcomed. Short articles on prevalent diseases, sanitary conditions, medical ethics and medical legislation should be published regularly and frequently under the auspices and over the signature of the local society, and the ignorance of the true motives of the ethical physician and the consequent misunderstanding of his attitude, which is one of the important impediments to medical legislation, will soon be greatly lessened. The press is the most powerful factor in modern life. It is the "molder of public opinion" and the medical profession must use it for the enlightenment of the world and the promulgation of the truth in all matters pertaining to the protection of health and the conservation of life. The prevention, as well as the curing, of disease has aways been, and always will be, the task of the medical profession, and the most effective means for the accomplishment of the work must not be cast aside. As in surgery treatment and therapeutics, everything accomplished for humanity in

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medical legislation has been the work of the regular medical profession, and as the past has been so will be the future.

The history of medical and sanitary legislation shows the steady, unsolicited, unrewarded work of the medical profession, every successful effort followed by a diminution of its own chance for a livelihood, ever combated by the ignorance of the poor and the avarice of the rich, yet never faltering; rising after each defeat, rushing into battle to fight the great fight to lessen human suffering, receiving no recompense but the knowledge that it has always kept the Aesculapian oath and fought the battle on the side of humanity. Its recompense does not accrue to it in bank accounts, fine buildings or broad acres, but in the consciousness of the nobility of its task, the generosity of its character, incorruptibility of its honor and the incalculable value its work has been to the happiness and well-being of the human race.

Powder Burn of Face.

By E. Kuder, M. D., Coffeyville, Kan.

About a year ago I was called in a hurry to relieve the awful suffering of Carl Rucker, of this city, 10 years old, who, when playing with other boys, exploded about two ounces of coarse black shooting powder in a little earth mound, and not being quick enough to turn away, got the most of the discharge into his face; even the conjunctivae of both eyes were blackened,and from the burn and subsequent inflammation, shut tight; one of the ears also got burned very badly.

To extract the powder from the skin I have in years gone by applied a thick layer of castile soap made into a sort of dough, and as I had to deal here with the inflammation and pain beside, I scraped a cake of shaving soap, mixed it thoroughly with Antiphlogistine, and applied it about one-half inch thick all over the face and ear, leaving a hole for the eyes, nostrils and mouth. About one-half hour later the little patient a very sensible child, rested very comfortably, free from pain, and slept a few hours soundly. About 24 hours later I removed the whole mask from the boy's face and, to my great delight and surprise, the application had drawn out every kernel of the powder. The inflammation had been greatly reduced, pain was all gone, and the face appeared almost natural again, with the exception of the sclera of both eyes, which I treated with a solution of cocaine adrenalin.

Another remarkable circumstance is the fact that the boy at the same time got entirely rid of his freckles, not a trace of the latter could be detected.

For about a week the face got anointed with cold cream twice daily, and being well, was discharged as cured.

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RADIUM; ITS THERAPEUTICS

By L. P. McCALLA, M. D.
Boise, Idaho

Read before the Southern Idaho District Medical Society, April 4, 1907

At the request of the Secretary, I have prepared what information I could get on this subject for your consideration today, but first allow me to say that I have no personal knowledge of the subject, and all that I may say here is taken from the literature on the subject contained in the various medical journals. In fact, there seeems to be very little being said about it in the recent literature.

Tizzoni (Gazet degli Osped, XXVI, No. 127), claims that radium rays destroy the fixed virus of rabies in test tubes, and found it possible to cure rabbits of the disease after it had passed through three-fourths of its course.

Calebrese (Riforma Med., Dec. 2d, '05), concluded from experiments, that Roentgen rays had no effect upon the virus of rabies.

Healing after radium ray burns, like after Roentgen rays, is very tedious and slow. Slight burns, with some pigmentation, as is often seen after its prolonged use, will usually heal without any treatment. The deeper burns, where the whole skin is destroyed, will sometimes require one to two years to heal. The tissues become swollen and greatly degenerated in the deep burns and take the stain very lightly or not at all; are changed into a jelly-like mass, taking a deep hemogeneous stain with hematoxylin at times. Many leucocytes and plasma cells are found infiltrating the connective tissues and especially around the blood vessels.

Skin grafting by the Theirsch method usually fails after burns with radium, as after Roentgen ray burns. However, deep burns are sometimes healed by using thick skin flaps instead of the thin epidermis grafts, and even though they may slough the granulations left may be sufficiently changed, so that the Theirisch grafts may now grow satisfactorily.

Radium has been used as a test for complete blindness. When placed against the temples, rays of light are realized in the orbit, when the nerve is not completely paralyzed or when complete blindness does not exist.

Dr. Javal, who is blind, believes radium may be used to determine whether the retina is intact or not, and whether the removal of a cataract would give fair promise of vision being restored.

Inoperable cases of carcinoma and sarcoma, when complete removal is impossible, seem to do well after curettage, followed by the use of radium. This incomplete curettage was formerly rather dan-

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gerous and bad surgery, but with the use of the rays of radium and X-rays we can sometimes get good results, say some operators.

Mackenzie Davidson reports cases of lupus and epithelioma cured by radium after failure by Roentgen rays.

Dr. Robert Abbe, (N. Y. A. M. A. Jouranl, July 21, '06) reports the use of radium upon more than a hundred cases in the past three years. He says that no case of rodent ulcer or superficial epithelioma failed to heal nicely under radium properly applied, in sealed glass tubes, and that in many cases that had resisted the X-ray, radium brought to a speedy cure. This, he says, demonstrates a striking difference in the two remedies which so much resemble each other.

He also says that in cases of giant celled, and in some cases of round celled sarcomata, there was a prompt and wonderful retrograde, until tissues like the eyelid and jaw bone, which had been destroyed by the neoplasms, were restored to former conditions, ossification taking place in the bone sarcomas, which shrinks to its former shape and a restoration not only of normal edges and surfaces in the eyelid, out of a chaos of hyperplastic tumor, but glandular function and normal eye lashes grow again. Also, that in five cases of epithelioma of the eyelids, perfectly smooth surfaces and perfect healing occurred.

Dr. Abbe says that nothing in a surgical experience of thirty years gives such wonder-compelling attention as this retrograde change and undoing of diseased overgrowth. In his experience in deep-seated cancers, as of the tongue, tonsil, esophagus, rectum and pelvis, no satisfactory results were obtained in his hands, although a temporary destruction of surfaces close to radium tube always took place, and a tendency to heal was attempted, which, however, gave way to the further progress of the disease.

Dr. Abbe warns against over-zealous attempts to get quick results, as this often leads to bad results from overdosage. The best results in rodent ulcer were obtained by two to three moderate applications of radium and then wait for two or three months before giving more.

Dr. Abbe says that radium rays move in absolutely straight lines, and are not deflected by atmosphere, water, lenses or prisms, and that nothing is opaque to them. He had made good radiographs through a six-inch boulder and a one-inch plank; also through a thick rifle barrel.

Wichmann of Hamburg, found that pathological tissues, as cancer, lupus and fibromas, absorb greater quantities of radium rays than healthy tissues, as represented by 82 per cent for pathological tissues, to 66 per cent for healthy tissues.

W. Deane Butcher, surgeon to London Skin Hospital, says nothing affects a wart, lupus nodule, a syphilitic infiltration, a rodent ulcer or epithelioma like radium. He says they simply melt away, wilt and wither like an uprooted weed under the action of sunlight. He further says that radium exerts a marked influence on the nervous and vascular supply; itching disappears as if under a charm, pain is relieved and blood supply undergoes profound changes.

He says there are two stages during which radium is particularly

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indicated in cancer; the very early stage and the very latest stage, when ulceration and partial destruction of neoplasm has commenced. Small doses in first stage for its differential effects and large doses in the late stage to hasten destruction of pathological tissue. He says radium often shows most beneficial effects in the late, ulcerating stage of carcinoma, even after X-rays have entirely failed. He says radium does not penetrate the tissues deeper than 1 c.m. and that this is lessened by even the thinnest glass; therefore, the receptacle is of importance for the radium, and he advises and uses the thinnest sheets of talc in order to minimize the loss of the radio-activity.

Dr. E. Laqueriere, of France, says that he regards the radium and X-rays as equally good for superficial neoplasms, but prefers the Roentgen rays for deeper-seated neoplasms, and that he does not consider the use of substances injected into the tissues to increase its radio-activity do any good.

A. C. Jordan says that some cases of laryngeal tuberculosis have been cured by radium rays.

Kirchner (Archives d'Electricite, May 25, '06), reports two cases of epithelioma of the eyelids cured by radium rays. One was given only one treatment. Both were healed without cicatrices, and function of lid was restored.

Sakalow (Prakt, Dermat, Band 2, Aug., '06), reports a case of rodent ulcer of three and a half years' standing cured by twelve sittings.

V. N. Gaynats (Rous Vratch), reports a case of rodent ulcer cured by one application, of one hour's duration, of ten miligrams of radium brom.

J. V. Zelensky (Rous Vratch, 1906) reports cases of trachoma cured by radium. He says when not too much catarrhal inflammation is present that the cure begins to be manifest after two to four applications, each of 5 to 10 minutes' duration.

It has been hoped that, owing to the possibility of carrying radium rays into cavities like the stomach for instance, great good might come from its use and a number of men have been working with it with this hope, but so far it has been disappointing. They claim temporary good results, but so far nothing that has been at all satisfactory, like both the radium and Roentgen rays have shown when applied to the skin surfaces for carcinoma and other skin malignant conditions. Let us hope, however, as this wonderful therapeutic measure is yet in its infancy, and the correct methods of using it are by no means understood, that something more satisfactory may yet be brought out by the tireless and scientific work that is being given to it by the noble and patient workers that are devoting their lives to this humane work. What a blessing, what a truly God send, it would be for those absolutely hopeless cases that all of us meet occasionally of carcinoma of the stomach and other organs, that it is possible to carry the radium tube into, if we could say to them, we can yet offer you a reasonable hope of cure.

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UTERUS DIADELPHIS OR DOUBLE UTERUS, WITH REPORT OF CASE COMPLICATING CHILD BIRTH

By A. L. MONZINGO, M. D.
Tacoma, Wash.

Read before the Pierce County Medical Society, May 21st, 1907

In order more clearly to understand the anomaly here presented, it is necessary briefly to refer to its embryogenesis. Thus, in the segmentation of the fertilized ovum, there is at first a division of the ovum into two cells, each of these cells in turn dividing into two more cells and so continuing to divide until, in a few days, there is a mass of cells, mulberry-like in appearance, known as the morula.

At this stage, a thickening of the outer layer is noticed, occurring first at the posterior end and gradually extending towards the anterior portion. This is called the primitive streak, from which is developed the future embryo. The thickened mass of cells, or the primitive streak, soon commence to differentiate themselves into two distinct layers of cells of different types, and from these two types are developed a third. From without, inward, these newly formed three layers of cells are named: Epiblast, Mesoblast and Hypoblast, and from them are developed all the tissues of the body.

There are three ways in which the different parts of the body are developed from these cells: First, some arrange themselves in such a manner as is necessary for the development of certain structures, without alteration of plan, as, for example, the development of the extremities from bud-like processes. Second, others belonging to the system from the first are brought into a special condition of functional activity, only to be converted into a different use later on. An example of this is the umbilical vein, which, later, becomes the round ligament of the liver. Third, still others, according to sex, remain either rudimentary or are developed into two important structures. The last-named class of cells are the ones of special interest in relation to the subject of this paper, because they enable us to understand how this anomaly was developed.

In the development of the embryo there is, at first, nothing to indicate the genito-urinary apparatus. Soon, however, we notice on both sides, near the posterior end, a thickening of the mesoblastic tissue, which extends longitudinally with the body, the cells being very compact. A little later this thickening of the mesoblast becomes canalized, the upper end opening directly into the pleuro-peritoneal cavity, the lower end into the cloaca. These are known as the Mullerian ducts.

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Before the twelfth week of embryonic life, the two Mullerian ducts become fused below and from this fusion is developed the vagina, cervix, and the lower portion of the body of the uterus—the unused upper portion of these Mullerian ducts form the upper part of the uterus and the Fallopian tubes.

In the normally developed uterus, the septum formed by the fusion of the ducts disappears, leaving the organ hollow. Any variation in the development of the Mullerian ducts may result in one or more of the many anomalies of the genito-urinary tract. Thus, the entire tracts, from the ovaries to the entrance of the vagina, may be partially or entirely absent, or there may be an excessive development of certain parts of the tract. The uterus, in particular, exhibits a variety of anomalies, all of which depend, as in other parts of the body, on arrest of development. The nature of the anomaly, in a great measure, depends on the time when the arrest of development occurs.

Summing up the anomalies of the genito-urinary tract in the female, we find that: (1) Complete absence of the uterus is very rare; (2) rudimentary development of the uterus is uncommon; (3) there may be a small, solid, muscular body, or a canal may occupy a part of this muscular substance; (4) the infantile uterus is the most common form of arrested development, and is very frequently found in hysterical or neurasthenic women; (5) the uterus bicornis unicolis, or bifid uterus results from the complete fusion of the Mullerian ducts for only a short distance, and diverging sharply above. Consequently, there results a single cervix with no dividing septum and two separate uterine halves; (6) the uterus cordiformis is heart-shaped, with a broad fundus, and it may or may not have a longitudinal septum within the uterine cavity; (7) the uterus incordiformis, as is implied by its name, is anvil-shaped, having a broad, flat fundus with no central depression, as in uterus cordiformis; (8) in uterus septus there is a septum which divides the septum wholly or partially—the divisions usually being of unequal size; and (9) the last, we will mention, is the uterus diadelphis, or double uterus. This anomaly results from the failure of the Mullerian ducts to fuse throughout their entire length—consequently the development of two uterine bodies entirely independent of each other, the cervix of each opening into a separate vagina.

Case.—The patient, Mrs. ———, aged twenty-nine, of American parentage, engaged me in July, 1906, to attend her, during her confinement.

History.—Patient gave a history of six previous pregnancies. The first confinement was at seven months,—the child is still living. Second child at term, and it is still living; fourth, at seven months, child lived three months; fifth, at six months, the child died; sixth, at term, and child is living; seventh, in which it was my good fortune to be in attendance, at term, and child lived.

There is an element of doubt as to the length of pregnancy in the above mentioned cases, as the patient menstruated more or less regularly while pregnant.

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Examination before confinement: Externally, the vulva presented nothing abnormal, but on retracting the labia majora, two entirely separate orifices were seen. The left orifice was the size one would expect to find in the average multipara, readily admitting the speculum for examination. The labia minora was present on the left side. The vagina was found to be capacious, the posterior wall measuring four inches in depth. The cervix was considerably enlarged and very soft, due to the pregnant condition of the uterus on that side. The right orifice extended as far as the left, but posteriorly only two-thirds as far. The labia minora was present on the right side. The vagina on this side was of fair capacity, and the same speculum used on the left side was introduced with little difficulty. The cervix on this side also was enlarged and very soft. (The difference in the size of the orifices and the vaginas can be accounted for readily by the fact that the pregnancies occurred on the left side, the side used during coitus.) The septum, between the vaginas, had its attachments anterio-posteriorly and was located directly in the median line. The margin, at the vulva, measured one-half inch in thickness, rapidly narrowing as it ascended to a point three-fourths of an inch above, where, throughout the remainder of its course, it was but a sixteenth of an inch in thickness. No difficulty was experienced in determining that the pregnancy was on the left side.

During the last two months of pregnancy the patient suffered considerably from headache, also from pain in the left iliac fossa, due to pressure. At the eighth month of pregnancy she had false labor pains, for which she was put to bed and sedatives were administered, and, thereby, labor was delayed until full term.

When I was called, labor was just commencing. The presentation was cephalic and the position, left-occipito-anterior. Nature was permitted to terminate the labor, which was accomplished in six hours. The placenta not being adherent, was removed within ten minutes after the delivery of the child. The puerperum was normal. The pulse was fifty-four an hour after delivery; the day following it was forty-two; and from that time it slowly increased until, at the end of two weeks, when it became normal.

Examination after the confinement: Three months after the accouchment, an examination was made to determine more accurately the condition present in this case. Bimanual examination was first made and the left uterus was readily palpable, lying in an angle of about twenty-two and a half degrees to the left of the median line, and it was freely movable. More difficulty was experienced in the palpation of the right uterus, owing to its small size and the thickness of the abdominal wall. A sound was introduced into each uterine cavity and each uterus found to move independently of the other. Before removing the sounds, the depth of each uterus was noted, the right measuring two inches and the left three and one-half inches.

This anomaly, the double uterus, is very rare—though a few cases have been reported—and the double uterus complicating child-birth is much rarer. So far as I have been able to learn, there has been no summary of such cases. One eminent practitioner says: "I have

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no record of having seen such a case in my own practice, in considerably over ten thousand cases."

In conclusion, I would say that I shall be very glad if anyone be able to refer me to a summary of such cases, or reports of separate cases will be very gratefully received. This anomaly, the double uterus, is very rare, although a number of cases have been reported. The double uterus as a complication of child-birth is a much rarer occurrence. Pfannenstid, in 1904, made a report of twelve cases. Emil Pollock, of Vienna, in Archiv fur Gyneacologic, Vol. 75, gave a summary of nine more cases. The twenty-one cases collected by the above mentioned writers, together with my own, makes—in so far as I have been able to learn—the only cases recorded to date.

The March of Sanitation.

The progress of modern sanitation and the duties of government, both as regards their own special jurisdictions and their international relations, form the subject of an address by Surgeon-General Wyman, of the Public Health and Marine-Hospital Service, published in the Journal A. M. A., June 1. He refers to the numerous recent advances that have been made, the lowering of the death rates and the elimination of typhus in English towns, the disappearance of smallpox and typhoid from Germany, the conquest of malaria in Italy and elsewhere, the sanitary measures in Mexico and Brazil, the suppression of yellow fever, the passage of the Food and Drugs Act, etc., and says that the nations are now beginning to see that international co-operation is required for complete success in the war against disease. This idea has found expression in the suggestion of a combined effort against yellow fever in the western continent, in the international conferences at Venice and Paris, and in the sanitary convention of the American republics in 1905. So far, the actual agreements have related almost exclusively to quarantine matters, but the idea of international sanitation as an advance on international quarantine, was brought forward in the Third International Conference of American states at Rio Janeiro in 1906, and resolutions were passed recommending that the delegates to the next international sanitary convention, to be held in Mexico in December, 1907, be authorized to study and ascertain the practical measures required for this purpose. Wyman offers the suggestion that the subject might also be considered to advantage in coming peace conventions and that international hygienic work would divert the energies now uselessly expended in warlike matters. The sanitary awakening in this country is noticed as shown in the increased activities of municipalities and state boards, in the antituberculosis movement, etc. The well-to-do cannot afford to neglect the poor in this matter; the disease germ is a social climber and social position or wealth is no protection if disease-breeding slums are neglected.

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Medical Societies

Southern Oregon District Medical Society.

The meeting held last month, in the absence of the President, Dr. W. F. Kremer, of Grants Pass, was presided over by Vice-President Dr. W. C. Gilmore, of Oakland.

Dr. F. R. Bowersox, of Ashland, being absent, his paper was read by the Secretary, Dr. Thomas W. Hester, of Jacksonville.

The discussion was opened by Dr. R. C. Coffey, of Portland, Dr. A. C. Seeley, of Roseburg, and others. Dr. Coffey and Dr. W. T. Williamson, of Portland, took part in all the discussions.

Dr. A. C. Seeley delivered a paper as per program (published in this issue of the Medical Sentinel.)

Dr. J. A. Pettit, of Portland, being absent, Dr. Webster delivered his paper in an able manner.

On motion the meeting was adjourned at 4:30 in order to attend an excursion to the Opp mine.

8 P. M. Session.

Dr. H. P. Hargrave, of Medford, reported a case of Bright's Disease, which was followed by a discussion.

Five new members were received as follows: Drs. W. P. Holt, Eagle Point; Cora B. Lemon, Grants Pass; Hockett, Grants Pass; E. B. Stewart, Glendale, A. F. Sether, Glendale.

Attendance from the various points was as follows:

Grants Pass—Drs. Hockett, F. W. Van Dyke, W. H. Flanagan, Cora B. Lemon.

Ashland—Drs. H. M. Shaw.

Medford—Drs. H. P. Hargrave, R. S. DeAnnond. Drs. W. S. Jones and E. B. Pickel were absent, attending the Shriners' meeting in Los Angeles.

Glendale—Drs. A. F. Sether and E. B. Stewart.

Eagle Point—Dr. W. P. Holt.

Roseburg—Dr. A. C. Seeley.

Portland—Drs. Webster, W. T. Williamson and R. C. Coffey.

Dr. R. S. De Annond, of Medford, was elected President, and Dr. A. C. Seeley, of Roseburg, Secretary-Treasurer.

On motion the meeting was adjourned to meet at Roseburg. A banquet was held immediately after the meeting.

THOMAS W. HESTER,
Secretary for 1906 and 1907.

Pierce County Medical Society.

The meeting of the Pierce County Medical Society of May 21st, was held at the Tacoma hotel at 8 P. M.

Program.

Uterus Diadelphis, or Double Uterus, with report of case complicating pregnancy. By A. L. Monzingo, M. D. (Published in another column.)

Personal Observations on Medical Practice, resulting from many trips to Eastern states and to foreign countries by J. J. McKone.

J. J. McKone, in his usual humorous manner, related some of his experiences in the medical centers of England, France and Germany. He thinks the British Isles offer the best advantages to those not familiar with the languages of the other countries; and also that the hospital clinics are better than the regular courses of study generally offered to visiting practitioners, because no provision is made by such courses for post-graduate work; and thus the principal clinics are likely to be in session at the same time. Consequently, if one

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hold a ticket for a course, he cannot get the benefits due him under that ticket. All hospital clinics are free, but contributions to the hospital are received from such students as are disposed to give to that institution.

OBITUARY.

The death is announced on June 5th, at Emmett, Idaho, of Dr. R. M. Fairchild, formerly a resident of Boise. The doctor was a native of Canada, having been born there 54 years ago. He located in Boise in 1890, and lived there for ten years. Since 1900 he has lived in DeLamar, Placerville, and later at Emmett.

Dr. Emil Bories.

The death occurred on the 31st of May, at Vancouver, B. C., of Dr. Emil Bories, the Seattle physician. He was 55 years of age, and apoplexy was given as the cause of his death. Dr. Bories was from Vermont, having graduated from the University of Vermont College of Medicine in 1885. He had been a resident of Washington practically all the time since his graduation. He leaves a widow, young son and mother.

Dr. Geo. P. Young.

The death of Dr. Geo. P. Young, of Vancouver, B. C., occurred on the 26th of May at Hatzic Prairies, B. C. The doctor was taking a short vacation, when he succumbed to heart disease. He was a graduate of Manitoba Medical College, and was about 40 years of age.

The death is recorded of Dr. A. W. Corner, of Butte, who died on the 21st ult., after an illness of but four days. The cause of death was blood poisoning. It is believed that he incurred the fatal disease from a patient whom he was attending. Dr. Corner was born in Missouri and graduated from the Medical Department of the Washington University, St. Louis. He was but 36 years of age, and had practiced in Butte four years. He leaves a widow.

Puncture and Disinfection for Abscesses.

DeWitt Stetten, New York City (Journal A. M. A.), advocates puncture and disinfection for abscess instead of incision and drainage, in order to avoid mutilating scars and slow convalescence. His method is as follows: 1. After careful disinfection, and under infiltration anesthesia, he punctures the most dependent portion with a large trocar or pointed scalpel and gently expresses the pus. This is better than aspiration. 2. The cavity is then thoroughly irrigated through the trocar with a 1-1000 solution of corrosive sublimate. This can be used in large quantities, as the abscess wall does not absorb. He has found this strength most satisfactory. 3. The remnants of the corrosive sublimate solution are carefully squeezed out and the abscess is partly distended with a solution of from 5 to 10 per cent. iodoform glycerin. A moist dressing with a firm pressure bandage is then applied. He uses this method in every form of acute external abscess, following the principle originally laid down by Henle for cold abscess. To date he has treated thirty-seven cases with good results in all except abscesses of caseous tuberculous glands, which generally required a second curetting, though they were none the worse for the preliminary conservative treatment.

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Book Reviews

The Practical Medicine Series, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D.; Vol. 1, General Medicine, edited by Frank Billings, M. D., and J. H. Salisbury, M. D.; Vol. 2, General Surgery, edited by J. B. Murphy, M. D.; Vol. 3, Eye, Ear, Nose, Throat; edited by Casey A. Wood, M. D., Albert H. Andrews M. D., and Gustavus P. Head, M. D. Chicago: The Year Book Publishers. Price for the Series, $10.

This valuable series is always welcome to the practitioner, and it begins the year. The greater part of the first volume is devoted to the diseases of the respiratory and the circulatory organs, and will be turned to by the reader with intense interest, for herein is found carefully edited opinions and conclusions of those who have devoted the most time to the consideration of these diseases. Volume 2 contains over 600 pages, and Dr. Murphy is to be congratulated on the exhaustiveness and excellence of the work. Especial reference is made in this volume to the statistics procured by Dr. Coffey on the mortality in appendicitis. Dr. Murphy agrees with Dr. Coffey that much of the mortality is due to delay in the patient's appearance for surgical relief. The author remarks that operative intervention in malignant diseases is becoming more timely, and so far is the only ray of hope for carcinoma and sarcoma, except through the toxins, which are yielding better results. As to Volume 3, Dr. Wood remarks that although the ophthalmic literature of 1906 has not yielded an epoch making monograph, yet its volume has by no means diminished. The latest views on the treatment for the eye, ear, nose and throat will be found, with extracts from articles by the leading authorities on these subjects.

An Epitome of Diseases of the Nose and Throat. By J. B. Ferguson, M. D., of the New York Post-Graduate Medical School. 12mo, 243 pages, with 114 engravings. Cloth, $1.00, net. Lea Brothers & Co., publishers, Philadelphia and New York, 1907. (Lea's Series of Medical Epitomes. Edited by Victor C. Pedersen, M. D., New York.)

The author has presented in concise and practical form the diagnosis and treatment of diseases of the throat and nose. He has planned the book to be helpful to the under-graduate and post-graduate medical student in gaining familiarity with laryngological work, and likewise to the general practitioner, who is often called upon to treat diseases of this region, and who needs to have the chief points in diagnosis and treatment concisely placed at his command. All these classes of readers will appreciate the systematic arrangement, the clear directions for examination, the illustrations of preferable instruments and of diseases, and the abundant formulae for the best medication. The Medical Epitome Series, of which this is the latest volume, will cover the whole range of medicine, surgery and the specialties in original books written by recognized authorities, and uniformly priced at one dollar.

Clinical Lectures on Neurasthenia. By Thomas D. Savill, M. D., London. Third edition, revised and enlarged. New York: Wm. Wood & Company.

The first of these lectures was de-

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livered as part of the post-graduate course which was organized at the Paddington Infirmary in the year 1891. All the other lectures were delivered at the Welbeck Street Hospital for Diseases of the Nervous System, during more recent years, and formed part of the post-graduate course of lectures. Much fresh matter and many illustrative cases have been added in the latest edition of the work. The lectures dealing with Diagnosis, Pathology and Treatment have been considerably amplified and a new lecture on Etiology and Prognosis, based upon a detailed analysis of 103 private cases, has been added. The author does not agree with those observers who hold "that neurasthenia is essentially an affection of the mind" and that it can only be treated satisfactorily by psychological methods. An analysis of these 103 cases referred to showed that about 80 per cent were due to some kind of auto-intoxication. Among such auto-intoxications may be mentioned intestinal derangement, gastric disorder, chronic appendicitis, pyorrhoea alveolaris, oral sepsis, blenorrhagia, antral disease, chronic alcoholism, excessive tobacco smoking, and incipient phthisis. The author believes that the bacteriology of the alimentary tract, which awaits further investigation, may ome day throw further light on the pathology of neurasthenia.

The Principles and Practice of Dermatology; Designed for Students and Practitioners. By William Allen Pusey, A. M., M. D., Professor of Dermatology in the University of Illinois; Dermatologist to St. Luke's and Cook County Hospital, Chicago. With one colored plate and 367 text illustrations. New York and London. D. Appleton & Co. 1907.

This generous volume of over a thousand pages is modestly offered by the author as an attempt to present the subject of dermatology comprehensively, but as concisely as possible. Much space is given to the principles of dermatology—the anatomy and physiology of the skin, general etiology, pathology, symptomatology and treatment of diseases of the skin. The illustrations are very valuable to the practitioner in diagnosis, and the information drawn from practical experience, and from the literature of the subject, will aid greatly in the treatment of cases that came within the horizon of the reader of this work.

Tuberculosis as a Disease of the Masses, and How to Combat It. Prize Essay by S. A. Knopf, M. D., New York. Price 25c; paper. Fred P. Flori, 514 East Eighty-second street, New York.

The International Congress to Combat Tuberculosis as a Diseases of the Masses, which convened at Berlin in 1899, awarded the prize to this work through its committee in 1900. This is the fourth edition, revised and illustrated, and is full of valuable hints for those who are brought into close relations with this dread disease.

A Text-Book of the Practice of Medicine. For Students and Practitioners. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Laureate of the Royal Academy of Medicine in Belgium and of the Medical Society of London. Author of "A Text-Book of Practical Therapeutics," "A Text-Book of Practical Diagnosis,"

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etc. In one very handsome octavo volume of 1120 pages, with 131 engravings and 11 full-page plates in colors and monochrome. Second edition, revised and enlarged. Cloth, $5.00, net; leather, $6.00, net; half morocco, $6.50, net. Lea Brothers & Co., Philadelphia and New York, 1907.

One of the most uncommon and highly valuable mental faculties is judgment of relative importance, an ability to conceive ideas distinctly enough to measure them, and to picture them in their proper perspective. Such a faculty collects, arranges, sorts, drops what is unimportant, and seizes what is essential. Clear vision is clear thought, which finds its expression in clear language. Such qualities embodied in a book account for keen public appreciation, and this is the explanation of the fact that two very large printings and now a thoroughly revised edition of Hare's Practice have been demanded in less than two years. The author has written for medical students of all ages. He knows the needs of the undergraduate and the best mode of presenting a subject to his mind by reason of the fact that he has been teaching clinical medicine and therapeutics for nearly a quarter of a century, and the same length of active hospital and private practice gives the weight of experience which attracts the physician in need of counsel. Well-proportioned consideration is given to the theory and principles of medicine as underlying, explaining and leading up to the main objective point, namely, the practical application of the knowledge. Accordingly, particular pains have been taken to present methods of treatment clearly, and in such a way that they may be put directly into practice. Such have been the characteristics of the work from its original issue. In this new edition every line has been revised, anything already rendered obsolete by the rapid march of medicine has been eliminated, and all trustworthy advances have been incorporated, so that the volume, as it stands, is representative of its subject to date. Of its authority and resourcefulness, nothing need be said.

The Practitioner's Library of Gynecology, Obstetrics and Pediatrics, in Original Contributions, by Eminent American and English Authors. The Practice of Gynecology, Edited by J. Wesley Bovee, A. M., M. D., Professor of Clinical Gynecology in the George Washington University, Washington, D. C. Large octavo, 836 pages, with 382 engravings and 60 full-page plates in colors and monochrome. The Practice of Obstetrics, Edited by Reuben Peterson, A. M., M. D., Professor of Obstetrics and Diseases of Women in the University of Michigan, Department of Medicine and Surgery, Ann Arbor, Mich. Large octavo, 1087 pages, with 523 engravings and 30 full-page plates in colors ond monochrome. The Practice of Medicine, Edited by Walter Lester Carr, M. D., Consulting Physician to the French Hospital; Visiting Physician Infants' and Children's Hospital, New York. Large octavo, 1014 pages, with 199 engravings and 32 full-page plates in colors and monochrome. Price, per single volume, Cloth, $6.00; Leather, $7.00; Half Morocco, $8.00. Price for any two volumes, Cloth, $11.00; Leather, $13.00; Half Morocco, $15.00. Price for three volumes, Cloth, $15.00; Leather, $18.00; Half Morocco, $21.00.

In preparing this new series the object has been to cover the whole domain composed of three cognate

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major specialties. Eminent American and English authors have united under the editorship of Drs. Bovee, of Washington, Carr of New York and Peterson of Ann Arbor. By excluding those features of disease which are properly to be sought in works on General Medicine, these volumes find space for a complete and comprehensive presentation of their respective subjects, with full practical details. Together with the most advanced knowledge of established value, the authors have included their own observations, and the therapeutic measures which have resulted in the greatest success. This adds a personal element of obvious value. Abundant engravings and full page plates illuminate the text, the facilities at command of the editors having enabled them to secure photographs and drawings exhibiting any point desired. Though it is manifestly to the advantage of every physician to have the whole library at hand, the volumes are sold separately for the convenience of those interested in the individual departments.

American Practice of Surgery, a Complete System of the Science and Art of Surgery. By Representative Surgeons of the United States and Canada. Editors: Jos. D. Bryant, M. D., LL. D.; Albert H. Buck, M. D. Complete in eight volumes. Profusely illustrated. Vol. III. New York: Wm. Wood & Company, 1907.

This volume will be cordially welcomed by the profession, for it contains the latest and best American authority on the branches it deals with. The articles deal with poisoned wounds, including the bites and stings of animals and insects; injuries and surgical diseases of bone; diseases and injuries of joints. The contributors to this volume are Duncan Eve, of Nashville, Tenn.; John Shelton Horsley, of Richmond, Va.; Chas. Field Mason, of Washington, D. C.; John Chadwick Oliver, of Cincinnati; Chas. Fairbank Painter, of Boston; Roswell Park, of Buffalo; Geo. A. Peters, of Toronto (since dead); Alex Primrose, of Toronto; Geo. G. Rambaud, of New York; Channing C. Simmons, of Boston, and T. Turner Thomas, of Philadelphia. This is a very strong array of contributors and the publishers are to be congratulated upon the excellence of the volume.

International Clinics, a Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, etc., by leading members of the medical profession throughout the world, edited by W. T. Longcope, M. D., Philadelphia. Vol. II. 17th series. 1907. Lippincott & Co., Philadelphia & London.

This regular visitant is always exceedingly welcome to its subscribers. This volume contains articles on treatment, medicine, surgery, gynaecology, pediatrics, neurology and pathology. The authors form a very strong array of contributors, whose experiences are of the greatest value to the practitioner.

Hare's Therapeutics. A Text-book of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Physician to the Jefferson Hospital, etc. New (12th) edition, enlarged and thoroughly revised to accord with the eighth decennial revision of the U. S. Pharmacopoeia. In one octavo

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volume of 939 pages, with y14 engravings and four colored plates. Cloth, $4.00 , net; leather, $5.00, net; half morocco, $5.50, net. Lea Brothers & Co., Philadelphia and New York, 1907.

Schleif's Materia Medica and Therapeutics. A Pocket Text-Book of Materia Medica, Therapeutics, Prescription Writng, Medical Latin and Medical Pharmacy. By William Schleif, Ph. G., M. D., University of Pennsylvania, Philadelphia. New (3d) edition, 12mo. 470 pages. Cloth, $2.50, net. Lea Brothers & Co., Philadelphia and New York, 1907.

The simultaneous appearance of two books on different phases of a large subject renders it advantageous to consider them together. "Schleif" is primarily a text book on the fundamentals, devoting most of its space to remedial agents, including both drugs and non-medicinal measures as well as foods, and the remaining half to diseases and their treatment, with copious and precise directions. Both parts are alphabetically arranged and fully cross-referenced, so that all information on any point can be quickly found. The "Index of Diseases and Remedies," with its suggestive annotations, is additionally helpful in practice. Dr. Hare's faculty for perceiving the pith of a matter and presenting it clearly is reflected in all his works and is the basis of their great popularity. For instance, this is the twelfth edition of his Therapeutics in seventeen years, and of most of the editions several large printings have been required. Though it is the second edition since publication of the new Pharmacopoeia, the author has not been content with a perfunctory revision, but he has, on the contrary, scrutinized every line and made changes and improvements wherever necessary to represent his very progressive subject.

Reverting for a moment to these two books for the purpose of considering them together from the student's standpoint, it may be said that they fit into each other very advantageously. Present-day curricula divide the subject very much on the lines here followed: a course in the pure Materia Medica and annexa in the first years, and then a course on the clinical applications, or Therapeutics proper. These two books contain more information than it is possible to put conveniently into a single volume.

Conservative Surgery of the Limbs.

The advisability of conservatism in the surgery of the arms and legs is urged by J. E. Cannady, Hansford, W. Va. (Journal A. M. A., May 11), who publishes several case histories illustrating the value of such methods. Whenever the circulation is fair in the limb there is a possibility that it can be saved, and the modern advances in the surgery of the blood vessels give promise of better results in the future in what were formerly considered hopeless cases. The age of the patient has also much to do with the establishment of collateral circulation, and by grafting very extensive damage to the skin can be repaired. He objects to haste in operation, the use of the tourniquet and too meddlesome first-aid methods, and states his conclusions substantially as follows: 1. The conservative treatment of severe injuries to the limbs is essentially modern, and primary amputations should be avoided (except when the limb is held only by a few shreds), and we should wait for shock to pass and the patient regains strength. 2. Normal salt solu-

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tion should be used for irrigation instead of antiseptic solutions. 3. Bones should not be permanently sutured and too much should not be attempted in the beginning. 4. Moist gangrene calls for radical treatment. 5. Drainage is usually necessary and the rubber tube is to be preferred. 6. Good functional results can be obtained in spite of great apparent odds, and a saved limb is better than a stump.

A Moral for Doctors and for Rich Men

A letter in the New York Sun reads:

"Very recently an eminent physician was called into consultation by a rich man on his daughter, who lay dangerously ill.

"The consultant made his diagnosis, gave his advice and said he would call again that night. On the second call the doctor made the statement: 'I think your daughter is out of danger. She will recover.' And she did.

"On that second visit the rich man was overwhelmed with gratitude, and said: 'Doctor, you have saved my daughter's life.'

"'If you think so,' said the shrewd doctor, 'then I will present my bill now; it is $1000!'

"'How many dollars do you put the value of your daughter's life at?' asked the physician. The father saw the point, and paid the bill.

"Moral: Present your bill at the supreme moment of a man's gratitude."

Car Sanitation.

The dangers to health and life in railway travel, apart from mechanical injury, are reviewed by T. R. Crowder, Chicago (Journal A. M. A.). There is always, he says, the possibility of the contraction of contagious disease in the association of numbers of people in public conveyances, and the only means to prevent it would be to deny the sick the right to travel. This can be and is done in case of certain diseases, but its practicability, however desirable, in certain others is very dubious. In tuberculosis, for example, he does not see how it could be accomplished, but much can be done by instructing the tuberculous in personal hygiene. The use of special cars for the sick would, he thinks, be ineffective; they could not be made to pay, and railroads would not run them at a loss. Their use also could not be enforced on the milder and more dangerous cases as regard infection. Education in personal hygiene that would make the traveling consumptive as little dangerous as the consumptive in the sanatorium would be more practical. The chances of indirect infection from closets, drinking cups, bedding, etc., can be greatly lessened by the passengers using due precautions, but, of course, the railroad company should be compelled to do its share by cleanliness, disinfection, etc. It is impossible to abolish pathogenic germs; they are ubiquitous, but they should be reduced to the most nearly harmless minimum. The still more indirect dangers, such as imperfect ventilation and heating, the effects of dust, etc., are also noticed and discussed. The chief point emphasized in the article is the importance of personal hygiene, in the solution of the problems of car sanitation, and the necessity of the co-operation of travelers themselves in the combat against contagion in traveling. The correction of the very general ignorance of the public in regard to these matters must supplement the best car sanitation in rendering travel safe.

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Personal

Oregon.

Dr. J. H. Fell, of John Day, visited Portland last month.

Dr. F. M. Day, of Eugene, was in Portland last month.

a State Board of Health meeting at Newport last month.

Dr. W. W. Allen, of Jefferson, was in Salem last month.

Dr. W. K. Haviland has been elected mayor of Estacada.

Dr. Pickel, of Medford, was a Portland visitor last month.

Dr. E. J. Page, of Oakland, was a recent visitor in Roseburg.

Dr. E. R. Seely, of Lostine, was a La Grande visitor recently.

Dr. T. W. Harris, of Eugene, proposes to remove to Portland.

Dr. Ira Bartle, of Eugene, has decided to locate on Coos Bay.

Dr. J. P. Tamiesie, of Hillsboro, was a recent Portland visitor.

Dr. E. L. Page, of Oakland, was called to Dillard last month.

Dr. C. A. Ault, of Enterprise, visited in Portland last month.

Dr. J. E. Shearer, of Roseburg, was in Portland early last month.

Dr. J. S. Parson, of Ashland, was a Portland visitor on the 4th.

Dr. V. C. Belknap, of Prairie City, was in Baker City last month.

Dr. and Mrs. W. H. Dale, of Harrisburg, were in Albany recently.

Dr. Philip Bartle, of Eugene, was a Portland visitor last month.

Dr. F. J. Laird, of Lebanon, was an Albany visitor last month.

Dr. E. O. Parker, of Pilot Rock, has had a serious time with the grip.

Dr. Geo. L. Biggers, of La Grande, called at Baker City last month.

Dr. W. G. Cole, of Pendleton, attended the Portland rose fiesta.

Dr. Widby, of Fossil, was in Portland last month with a patient.

Dr. L. G. Altman, of Salem, was visiting in Portland last month.

Dr. Wm. H. Dale, of Harrisburg, has moved into fine new offices.

Dr. A. L. Richardson, of La Grande, had a trip to Seattle last month.

Dr. E. H. Brown, of Forest Grove, is about to erect a new residence.

Dr. and Mrs. F. J. Bailey, of Hillsboro, were in Portland last month.

Dr. J. O. Van Winkle has moved from Wendling to Cottage Grove.

Dr. W. O. Prosser, of Eugene, spent three days at Roseburg last month.

Dr. V. C. Belknap, of Prairie City, was in Portland for ten days recently.

Dr. D. A. Paine, of Eugene, was calling on his Portland friends recently.

Drs. Pierce and Yenney, of Portland, and Kinney, of Astoria, attended

Dr. M. K. Hall, of La Grande, has been at Baker City as an expert witness.

Dr. E. O. Parker, of Pilot Rock, has been investing in some timber lands.

Dr. J. C. Smith, of Pendleton, called on some of his Portland friends recently.

Dr. C. H. Brewer, of Stayton, has recently moved into a fine new residence.

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Dr. Jas. T. McCormac, of Marshfield, was recently re-elected school director.

Dr. Alfred Kinney, of Astoria, was in Portland last month, calling on relatives.

Dr. W. H. Flanagan, of Grants Pass, spent a few days in Portland last month.

Dr. E. N. Crockett, of Portland, was called to Spokane on an important surgical case.

Dr. and Mrs. N. M. A. Flinn, of Portland, visited in Eugene the latter part of June.

Dr. R. G. Gale, of North Bend, met with some broken ribs from a fall from his bicycle.

Dr. DeWitt A. Paine, of Eugene, spent a few days last month at the London springs.

Dr. J. H. Volp, of La Grande, with his two daughters, attended the Portland rose show.

Dr. K. A. J. Mackenzie, of Portland, was called in consultation to The Dalles last month.

Dr. and Mrs. F. R. Bowersox, of Ashland, called on their Grants Pass friends last month.

Dr. W. D. Wood, of Hillsboro, has been appointed secretary of his County Board of Health.

Dr. and Mrs. F. J. Laird, of Lebanon, recently celebrated their tenth wedding anniversary.

Dr. M. K. Hall, of La Grande, was in Pendleton last month, assising Dr. Cole in an operation.

Dr. W. B. McDaniel, of Baker City, has been confined to his house with an attack of the grip.

Dr. Jas. W. Donnelly, who left Fossil some time ago, has returned to the state, and decided to stay after all.

Dr. D. F. Lane, of Salem, has been enjoying a visit of his married daughter from Fresno, Cal.

Dr. A. G. Prill, of Scio, is an expert rose fancier, and his garden has 140 different varieties.

Dr. W. L. Marsden, of Burns, is interesting himself in the collection of money for a public library.

Drs. Saunders and Myers, of Union, are interesting the citizens in the construction of a hospital.

Dr. Prentice, of Eugene, has been writing letters to his friends from the other side of the Atlantic.

Dr. and Mrs. Warren Cameron, of Medford, rusticated during the summer in the Applegate country.

Drs. Estes and Fulton, of Astoria, have moved into new offices in the Astoria Savings Bank Building.

Dr. W. H. Flanagan, of Grants Pass, was seeing the sights in Portland during the middle of June.

Dr. S. M. Strohecker, of Hermiston, was in Pendleton last month, and Dr. Cole assisted him in an amputation.

Dr. Jay Tuttle, of Astoria, was looking on the roses in Portland at the time of their best appearance.

Dr. C. J. Smith and family, of Pendleton, were visiting friends in Portland during the middle of the month.

Dr. Hugh Logan, of The Dalles, was in Portland last month, looking after a case he had at one of the hospitals.

Dr. J. C. Smith and family, of Grants Pass, went to Wilbur last month, to the funeral of Dr. Kremer.

Drs. Wood and Gavey, of Condon, instead of getting a new automobile, have purchased a new driving team.

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Dr. Wm. H. Dale, of Harrisburg, has added some rooms to his hospital, as it was getting overcrowded.

Dr. David Raffety and wife, of Portland, attended the graduation exercises of their son at Eugene last month.

Dr. R. C. Kelsey, of Gold Hill, was in Medford last month, attending to some timber land business that he ha son hand.

Dr. R. L. Gillespie, of Portland, went to the Eastern Oregon Medical Society meeting at Hot Lake early this month.

Dr. U. C. Coe, of Bend, was in Portland last month, attending the convention of the State Eclectic Medical Association.

Dr. C. A. Stuart, of Oregon City, last month was in a runaway accident while driving to see a patient. He was not seriously injured.

Dr. B. J. Ellis, of Bend, Ore., has located in White Salmon, Wash. Preparatory to his change of location, the Doctor spent some time in Portland.

Dr. L. J. Wolf, of Silverton, who accompanied Peary's North Pole expedition in 1905, will probably locate in Oregon for the practice of medicine.

Dr. A. C. Seely, of Roseburg, has purchased a new horse from Missouri. He believes that in these days of automobiles the horse still has a place.

Dr. Wm. A. Trimble, of Albany, went last month on a trip to California, and Dr. Kavanaugh, of Portland, looked after his office during his absence.

Dr. R. E. L. Steiner, of Klamath Falls, who is talked of as the future superintendent of the Salem hospital for the insane, has recently visited in Salem.

Dr. O. D. Butler, of Independence, was in Portland early this month for treatment for a fractured wrist, the result of cranky actions on the part of his automobile.

Dr. E. R. Seeley, of Lostine, has removed to Medford. The Doctor has enjoyed a very extensive practice in his county, but is moving on account of his wife's health.

Dr. S. G. Hewitt, of Salem, has taken the practice of Dr. Seeley at Lostine. Dr. Seeley has moved to Medford, much to the regret of a large circle of friends.

Dr. W. F. Kremer, of Grants Pass, who was reported to have moved to Goldfield, Nev., died recently in San Francisco. Dr. Maud W. Kremer, of Portland, is his daughter.

Drs. Scaife and Philip Bartle, of Eugene, have formed a partnership. Dr. Ira Bartle, who was associated with his brother, has retired from the former partnership.

Dr. W. W. Allen, of Jefferson, was married last month to Miss Mildred Looney, and during their absence on their honeymoon Dr. Walter Looney looked after Dr. Allen's practice.

Dr. and Mrs. H. W. Coe, of Portland, had a house warming last month, the occasion being their twenty-fifth wedding anniversary and the opening of their new home.

Dr. J. H. Rosenberg, of Prineville, has been taking a busy vacation and expects to return home about the middle of the month. He took in Portland, the Seaside meeting and did some hospital work in this city.

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Dr. F. H. Van Tassell, of Berkeley, Cal., was in Portland last month, unable to establish his identity. Several days after arriving here his identity was established, and gradually his recollection of his own name returned.

Washington.

Dr. H. A. Wright is moving from Wilbur to Seattle.

Dr. W. L. Hall, of Spokane, is visiting in New York.

Dr. H. K. Lum, of Monroe, has rented new offices.

Dr. F. J. Lemon, of Wapato, was in Toppenish last month.

Dr. Livingston has removed from Black Diamond to Centralia.

Dr. J. H. Hoxsey, of Spangle, was a caller in Fairfield last month.

Dr. C. Quevli has returned to Tacoma and has resumed his practice.

Dr. J. H. Ragsdale, of Leland, visited his family at Asotin last month.

Dr. and Miss Herdman, of Seattle, visited in North Yakima last month.

Dr. I. N. Power, of Cle Elum, was doing business recently at Ellensburg.

Dr. J. B. Burns, of North Yakima, was a visitor on the Sound last month.

Dr. A. F. Brockman and family, of Bickleton, were visiting last month at Mabton.

Dr. H. W. Allen, of Spokane, has just sold a two-story brick building for $230.

Dr. W. E. Gibson, of Isaquah, was shopping with his wife, in Seattle, last month.

Dr. and Mrs. J. W. Goodheart, of Bellingham, have recently returned from a visit in Mexico. They were gone nearly four months.

Dr. John N. Starr, of Wilbur, made a professional call at Bridge Creek last month.

Dr. and Mrs. F. E. Cox, of Pine City, have recently visited relatives in Fairfield.

Dr. A. J. McIntyre, of Hoquiam, recently spent several days at the Sound cities.

Dr. H. C. Fulton, of Asotin, has returned from a four month's visit in eastern states.

Dr. F. W. Maier, of Wilbur, was called last month to look after some cases in Almira.

Drs. M. L. Pearson and D. A. Schumacher, of Aberdeen, were witnesses in court last month.

Dr. L. M. Sims, of Kalama, has recently returned from an extended visit in eastern states.

Dr. and Mrs. C. R. Zener, of La Center, had some Missouri relatives visiting them recently.

Dr. P. S. Byrne, of Spokane, is reported to be seeking the democratic nomination for governor.

Dr. and Mrs. F. B. West, of Bellingham, have gone on a month's cruise in British Columbia waters.

Dr. F. L. Carr, of Hoquiam, gave a dinner a month ago to a party of Tacoma and Seattle friends.

Dr. L. Woodruff, of Asotin, took a ten days' outing the forepart of last month, at the mouth of Captain John creek.

Dr. Jesse Ettelson, of Sprague, who recently graduated in Chicago, is removing to the Good Samaritan Hospital, Portland.

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The engagement of Dr. Wm. McCreary to Miss Holmes, one of the popular teachers in the Tacoma Public Schools, is announced.

Dr. J. F. Cropp, of Walla Walla, was presented with a handsome diamond ring last month by a committee of Rebekahs, for kindnesses shown.

Dr. Jos. B. Morris, of Punxsutawney, Penn., was visiting friends in Isaquah recently, and thinks of locating somewhere on the Pacific coast.

Dr. Park Weed Willis and wife, of Seattle, were visitors in Milton, Ore., last month. Dr. Willis was formerly a resident of the Milton neighborhood.

Dr. A. B. Cook, of Colville, has been appointed County Physician and Health Officer of his county, at a salary of $300 per year and mileage allowances.

Dr. Elmer E. Heg, of Seattle, will attend the international congress on hygiene at Berlin, next September. Dr. Heg goes as one of five representatives of this country.

The mother and two sisters of Dr. Kunz are here from Alberquerque, New Mexico, to spend the summer with him. He is celebrating the event by the purchase of a new automobile.

Idaho.

Dr. J. G. Lenz, of Ilo, was in Nez Perce recently.

Dr. and Mrs. B. F. Miller, of Nampa, were in Boise last month.

Dr. Herrington, of Gifford, recently took a business trip to Lewiston.

Dr. Wm. H. Ehlen, of Genesee, was called to Portland last month to visit his brother.

Dr. Fred A. Pittenger has been appointed physician of the soldiers' home at Boise.

Dr. Ayer A. Higgs, of Soldier, called to attend his brother at Hailey last month.

Dr. George Collister, of Boise, has been appointed physician of the Idaho penitentiary.

Dr. Wm. R. Hamilton, of Silver City, was visiting friends the past month in Enterprise.

Dr. P. H. McCarthy, of Butte, had an encounter in his office with an insane miner recently.

Dr. and Mrs. F. A. Campbell, of Grangeville, visited friends and relatives last month at Moscow.

Dr. J. L. Conant, Jr., of Genessee, has been appointed a member of the State Board of Medical Examiners for a term of six years.

Dr. R. L. Nourse and wife, of Hailey, who have been in Europe for over a year, are on the way home. They sailed from the other side on June 26th.

Montana.

Dr. B. Campeau, formerly of Sidney, has located at Fairview.

Drs. Tuttle, Rickets and **King** have had a conference at Missoula on the spotted fever situation. Extensive experiments are being conducted by them and under their supervision.

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MEDICAL SENTINEL

AUGUST
1907

Volume XV **Number 8**

Notes

The Medical Society Meeting of Coos and Curry Counties was held at Coquille on the 10th of July. An interesting meeting was held.

At the recent examination of applicants to practice medicine in the state of Washington, of the 122 applicants, two were Japanese, two Italians, one was a Chinaman and one a negro.

Drs. R. C. Yenney and E. A. Pierce have been visiting various beach resorts in the state, inspecting their sanitary conditions. They made suggestions to the local authorities that would tend to promote the public health.

The annual announcement for the session of 1907-8 of the Cooper Medical College of San Francisco, is received. This institution can well be proud of its faculty, and its success in turning out men who are a credit to the profession.

A new hospital, with a capital stock of $65,000, is being talked of for Butte. Drs. Donovan, Freund, MacNevin, Blackburn, Renick, Maginn and Monahan are the first board of directors. Each of the directors took $5000 worth of stock in the new enterprise.

The physicians of North Yakima sound a note of warning to those who are disposed to be careless as to the water they drink. The headwaters of the river that supplies the city are liable to be contaminated, by reason of large forces of men working in that vicinity.

Those who are interested in the use of diphtheric antitoxine in cases

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of asthma, will note the death last month in a Portland doctor's office of a nineteen-year-old young lady, a sufferer from asthma, who, immediately after receiving the injection, had an asthmatic paroxysm which resulted in death.

There is talk in Newport, Wash., of establishing a sanatorium for the care of lung diseases. It will be a private institution, and will not be run on a semi-charitable basis, as is the case in some other states. A New York doctor has been looking over the ground, and gives the particular locality around Newport credit for being an ideal spot for such an institution.

In an address before the Catholic Teachers' Institute at Portland recently, Dr. Andrew C. Smith stated that the prevention of the spread of tuberculosis should be one of the principal duties of the teachers in the public and private schools. He urged that slates in schools should be done away with, and that special precautions be taken in connection with the public drinking supply.

It would be a good thing if the city council of Portland wou d pass an ordinance, as suggested by Dr.-Councilman Cottell, prohibiting the sale to the public, except on a physician's prescription, of opium and its by-products. The habit of using harmful drugs is largely on the increase, and many innocent people become addicted to its use before they are aware of it, because they first secure it on the advice of a friend who recommends it for the alleviation of pain.

The British Columbia authorities have taken hold of the proposition to establish a sanatorium for consumptives, with a will, and have secured a ranch of 275 acres, and in addition to this have leased from the government authorities nearly ten thousand acres, for two cents an acre a year. The ranch is known as the Fortune ranch, though the postoffice is named Tranquille. It is 1100 feet above the level of the sea, and is nine miles west of Kamloops. The buildings will be sufficiently isolated within the sanatorium's domain so that it will be no menace to near neighbors; there is an ample supply of good water from a lake on the property, and the Pacific coast may expect to witness another good experiment, conducted in true scientific style, of caring for those who are suffering from tuberculosis, and who are too poor to pay large prices for such care as they need.

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Editorial Notes

Unfair Tactics.—An illustration of the unfairness of the tactics of the management of the A. M. A. J. is afforded by the following correspondence:

Portland, Ore., July 8, 1907.—Editor A. M. A. Journal, Dear Sir: My attention is called to your report of the meeting of the House of Delegates, in your issue of the 15th ult. I would like to make a brief statement in regard thereto.

I seconded a motion, endorsing, personally, Dr. George H. Simmons. Just as the motion was about to be passed, some one moved to add the endorsement of numerous others, including the trustees. I seconded the original motion in good faith, and with the best of feeling, but when the amendment was added I, like many others, refused to vote. The report of your reporter, that the motion as amended was carried unanimously is only true when it is considered that he "reformers" sat quietly in their seats. As a matter of fact, what was intended as a compliment for Dr. Simmons was turned into an administration weapon, wholly unsatisfactory to the "reformers." The motion as amended certainly did not represent the unanimous feeling of the House of Delegates, and it is a pity that the administration would not allow Dr. Simmons to have a little compliment, which was offered with the best of intentions, which, if put as intended, would really have been unanimously carried.

There is a little error in reporting my language in criticism of the trustees' financial statement. I stated that under exhibit E there was an inventory of paper stock, metal type, etc., amounting to $14,000, which were actual assets, and instanced it as being quite in contrast with money spent for postage, expressage, etc., exhibited in another part of the report and classed as assets. I was objecting to classing money spent for expenses as an asset in the presence of the finished product, the directory itself.

I will ask you to do me the favor of publishing this letter, if not opposed to the policy of the Journal.

Yours truly,
HENRY WALDO COE.

The reply received was as follows:

Dr. Henry Waldo Coe, Portland, Ore.—Dear Doctor: Your communication of the 8th just received. It seems hardly worth while to publish it, because, first, it would be some seven weeks after the meeting before it appeared, and, second, there is no occasion for such communication. The original motion was seconded by quite a number, as was the amendment, and the latter did not require your second. It certainly was unanimously carried, because no one voted against it. Then was the time for you to protest against the motion, and not this long afterward.

Respectfully yours,
GEORGE H. SIMMONS.

Can it be that Dr. Simmons is himself afraid of the trustees? Outside of the reference in the foregoing letter to Dr. Simmons, there was an effort on the part of Dr. Coe to correct an absolute misstatement as to what he said regarding the bookkeeping methods of the Association. The privilege of setting himself right on this matter, was denied him in the magazine.

Sitting on the Safety Valve.—To sit on a safety valve, and thereby keep the outside world from knowing that there is pent-up steam that must find its way out, is by everybody understood to be a suicidal policy. It means the hurling into kingdom come, not

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only of the misguided individual whose weight is keeping down the safety valve, but often a number of guilty conspirators who are favorable to such a policy. The American Medical Association Journal is the property of the physicians of the country who have in the past put up, in annual instalments of $5. each, the money to pay the bills. The trustees of the organization do not own the Journal and its plant. And yet it has come around that when a member of the House of Delegates is misquoted by the Journal, and seeks, over his own signature, to set the Journal right, he is politely told that "there is no occasion" for his communication, however courteous the language in which it is couched.

This is sitting on the safety valve. It is notice to the actual owners of the magazine that so long as they write letters covering with taffy the management, one and all, that is all right. But if an attempt is made to point out errors, it is resented, and the writer must seek some other medium for his criticisms. As a matter of record, and as a piece of prophecy, we desire to assert that if this policy is continued it will end in the same inevitable, certain, disastrous fashion that always follows efforts to keep the steam in. No boiler was ever made—no political machine was ever constructed—strong enough to protect those who follow this policy.

The March of Sanitation.—It was an intensely practical essay, read recently at Charleston, S. C., by Dr. Walter Wyman, Surgeon General of the U. S. Public Health and Marine Hospital Service on "The March of Sanitation." Dr. Wyman is thoroughly competent to do full justice to this subject. His heart is very much in the work of the sanitarian, and his concluding most eloquent and forceful paragraph reads as follows:

"How wide, then, is the field of thought and action of the sanitarian! He delves into the material problems connected with the daily life of the poorest of the community, and his mind is occupied with constructive efforts on the part of his state, his country, and of all nations. He must have his eye on a standard set on the highest pinnacle, but must beware of utopian measures. He should remember that a law or measure which seems entirely impracticable today may appear practicable tomorrow. And he should have the sound judgment which will make him withhold placing any stone in the sanitary structure till the stone below has been firmly fixed. His mission is alike to keep out disease and to eliminate its cause; as an ally or agent of law and government to spread a net and hold it firm to catch and throw back the vicious and diseased in the great wave of immigration as it breaks upon our shores; to lay the hand of healthful restraint on commerce for its own and the public good; to check the merchant or manufacturer when his absorbing greed for gain makes him ready to risk the lives of hundreds; to oppose the lawyer when by a legal twist in behalf of the individual he seeks to force a way around the sanitary barrier erected for the common safety; to force the slow comprehension of legislators; to prick the tardy conscience of the doctor with the needle of the law; to sweep from the path the sentimental obstruction of philanthropic visonaries; and to spread among the people the knowledge so necessary for their own welfare."

The Consumptive Traveler.—There can be no two opinions on the proposition that it is undesirable that persons suffering from tuberculosis of the lungs, should be permitted to ride in

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the ordinary railroad cars. Visions appear before us of tubercle germs on the blankets in both the tourist and standard sleepers; of the same germs being secreted in the curtains, ready to invade the lungs of the healthy traveler, and there wreak the injury which they delight to indulge in. How to prevent this is the subject of essays, speeches, protests and resolutions. However much the railroad people may desire not to carry passengers suffering from tuberculosis, it is impracticable for them to submit suspected persons to a medical examination while the train waits. Such a means of procedure would be expensive, and would frequently end in lawsuits for detention that would tend to impair the railroad treasury. While the transportation companies are presumed to be able to refuse to carry passengers whose presence might be a menace to the other passengers, there is no authority, of which we are aware, for them to refuse to carry a consumptive, and no law which will permit them to insist that the consumptive passenger obey any rule of conduct that cannot be enforced against other passengers. The suggestion has been made that state boards of health make rules governing the carrying of consumptive passengers on trains, but it is likely that this would lead to confusion and lack of enforcement of any rules. Some eminent lawyers question whether state boards of health have the power to enforce rules as against interstate passengers, and presumably federal laws would be inoperative as against passengers who are journeying only within a state.

The ordinary citizen who is not himself traveling, would be disposed to resent any regulation that would prevent a consumptive from traveling to a distant point, to die among his friends. In no country are there any efficient rules adopted for the safety of the public, against the invasion of tubercle germs from fellow passengers. It is probable that in those countries where the railroads are owned and operated by the government, and where the officials are inclined to be autocratic, the officials come the nearest to enforcing what mild rules may exist as to not permitting objectionable passengers to travel. But in this democratic country, where one man is as good as another, if not a little better, the theory is that nearly everybody should be allowed to travel who can pay for a ticket. Besides, it is humane to be considerate of the sick and helpless, and the kind official can generally be found lending a helping hand to the sick traveler, who is not absolutely broken out with smallpox, instead of driving him off from the property of the railroad company.

The railroad companies, and the Pullman company, too, are supposed to do their best to properly cleanse their cars at the end of their runs, and the public generally commends them for what they do in this regard. If the sick passenger, and his frends who travel with him, can be urged to be as considerate of other passengers as they should be; and if the friends of the hopeless consumptive will stop sending him on a long and hopeless quest in search of health in some remote region of the country, the general public would be safer. While this is true, it still remains to be said that there is much to be done by state boards and federal boards of health and the railroads in co-operation, to make railroad traveling less dangerous to the individual who, while free today from infectious diseases, may be in such a weakened condition that his system is a good working ground for the roaming germs that may have been given forth from the diseased organs of the hopelessly sick fellow passenger.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

UNWARRANTED HARSHNESS

Presumably all the editors of medical journals in the country are in receipt of a communication from Dr. George H. Simmons, the general secretary of the American Medical Association, calling attention to the following resolutions which were adopted by the House of Delegates:

Whereas, The Council on Pharmacy and Chemistry, after examining many hundreds of preparations, has officially announced its approval of a large number of such preparations; and,

Whereas, We believe that the editors of many medical journals in this country, both official organs of State Associations and privately owned journals, are desirous of co-operating in the work of freeing the medical profession from the nostrum control; therefore, be it

Resolved, That this Association most earnestly requests all medical journals to refuse to aid in promoting the sale of preparations which have not been approved by the Council, by refusing advertising space to such preparations; and be it further

Resolved, That we most earnestly request the moral and financial support of our members for those medical journals, whether privately owned or controlled by medical organizations, which disregard commercialism and stand firm for honest and right dealing, thus sustaining the Council in its greatest work for the medical profession.

While we yield to no one in admiration of some of the work done by the Council on Pharmacy and Chemistry, we certainly agree with those who contend that it has done unwarranted injury in some quarters. There are many meritorious preparations which it urges the profession to refuse to use. These resolutions seek to deprive the experienced practitioner, who has for years used preparations that are under the ban of the Council, of remedies that he has found exceedingly useful. We thoroughly agree with the Council that all extravagant claims should be withdrawn; that formulae should be published; that the practitioner should be thoroughly apprised of the materials that form the remedies he is urged to use in his practice. But the criticisms of the makeup of the Council itself is well taken—

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that there is no active practitioner in its personnel—and there have been evidences of bull-dozing in its methods that are not pleasant for the average American citizen, of independence of thought and action, to contemplate.

There are many remedies which the Council in the performance of its duties has not yet examined. These are to be boycotted until it gets around to them. There are others that, for reasons absolutely unexplainable, they have put on the blacklist. All these must be excluded from advertising columns, and journals that will persist in referring to them are to be boycotted also. It may be that the Council is engaged in a great work "for the medical profession," but there are thousands of the rank and file who believe that the Council is not going the right way about their task, and that they are too harsh in their methods.

OUTSIDE THE SACRED PRECINCTS

The decree was issued to the effect that medical journals which contained advertisements of preparations that had not been approved by the Council on Chemistry and Pharmacy of the A. M. A. could not be admitted to the sacred precincts around the meeting place of the A. M. A. at Atlantic City. This kept practically all the prominent medical journals away. Even the California State Journal of Medicine, edited by the intrepid Philip Mills Jones, who out-Herods Herod in his denunciations of the medical journals that do not follow his theories, was not itself eligible for such admission. Jones is one of those who urges his readers and contemporaries to do as he tells them, and not follow his example. He is good in theory, and leaves the practice to others. He has adopted the practice of inserting between the words "medical" and "journal" a query mark, thus "medical (?) journal" when referring to those publications which have the temerity to publish the very same advertisements that are found today in the columns of his own paper.

Besides Dr. Jones' publication, we may mention as being boycotted, the California Medical Journal, the Los Angeles Journal of Eclectic Medicine, the Pacific Medical Journal and the Southern California Practitioner. Then in the Empire State we find that the tabooed list contained the Medical Record, the New York Medical Journal, and the Journal of Mental and Nervous Diseases. In other states there were the Boston Medical and Surgical Journal, Maryland Medical Journal, the New Orleans Medical and Surgical Journal, the Interstate Medical Journal of St. Louis, and scores of others published in the eastern and middle states. Coming back to the Pacific coast, there was the Medical Sentinel of Portland, an independent journal, and the Northwest Medicine of Seattle, a journal owned by a medical library association. In fact, as one looks over the list of medical journals published throughout

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the land, it is hard to find more than one can count on the fingers that could pass the rules laid down by the Chicago "machine." One cannot but conclude that the Chicago "machine" has quite a big task on its hand. Burke once said in the English Parliament that it was hard to indict a nation. In the same way it is hard to rule out of good society as unethical the entire family of medical journals published in the United States, especially when the ruling out is done by those whose conversion to their present policy is so wonderfully recent.

TWO NERVE WRECKERS

Perhaps it would be hard for us to go back to the days when we had no telephones and no automobiles, but it is altogether probable that both these nefarious inventions are shortening the lives, not only of physicians, but of everybody else who uses them to any extent. The physician who for years drove good Dobbin around, did not arrive at his patient's home as quickly as he does nowadays; but the jog-trot gait was much less wearing on the doctor's nerves than the onward rush of the auto. Before the days of telephones the doctor kept an office boy, who was always ready and alert to send with a message. Now the office boy is gone and the doctor takes down the ear piece, waits a long while for central, and in a few minutes he is given the "wrong number", much to his exasperation, and greatly to the injury of his usually placid nerves. While the average death rate in former days may have been larger than it is today, yet nobody has the temerity to assume that the lower death rate is in an even remote degree due to the advent of the telephone. The general public that is daily being irritated by the presumably horrible service of the average telephone company; that is dodging automobiles on the city streets, and is being choked in the lungs with the dust raised by the autos in the country, has much complaint to make. Nerve specialists find their duties largely increasing, and the unfortunate thing is that they are constantly meeting with harder and harder nuts to crack in their specialty. How much of this is due to the much vaunted telephone and the gaseous automobile, who can say?

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THE RELATION OF THE PROFESSION TO THE PUBLIC HEALTH.

By A. C. SEELY, M D.
Roseburg, Ore.

Read before the Southern Oregon Medical Association at Jacksonville, Or., May 14, 1907

Permit me, please, to claim a bit of your time and attention on this subject of the relation between the profession—our profession, of course,—and the public health. To me it is of enormous interest—no other subject in our profession approaches it in importance. I admit, at once, that I am unusually enthusiastic concerning it, and I shall be very glad, indeed, if I can inoculate you with some of my enthusiasm.

An attempt to define the relation of the profession to the public health might be deemed a superb audacity upon my part were it not that every day bears evidence that the average member of the profession, either ignorantly, carelessly, or maliciously sets the public health at naught. Let us generously base it upon ignorance, since that is by far the least criminal. To be guilty, carelessly or maliciously, of a betrayal of the trust the public tacitly places in each of us for the care of its general health, can be nothing short of criminal. But if the betrayal be from ignorance, then there can be no audacity in explaining this relation we most certainly bear to the public.

The relation, as you know, is simple in its primal definition; it lies in the prevention of disease, that is all, but it is the broadest field in our profession.

The supreme accomplishment of medicine would be the prevention of disease rather than the curing of it. It would be vastly better to prevent the man with suicidal intent from jumping into the river than to be put to the very wet inconvenience of having to pull him out afterward. The parallel is obvious and needs no argument.

But how much can we prevent? is asked. Pasteur has answered that for me. He said: "It is in the power of man to make all infectious diseases to disappear from the world."

That is a large order, isn't it? But it can be filled if we are true to our relation with the public. To clarify this point permit me, please, to quote from an article of my own, published in the June "Leslie" of 1905, under the title of "The Possibilities of Modern Medicine."

"'What is the greatest possibility of modern medicine?' I asked a fellow physician at the World's Fair, St. Louis.

"We had just emerged from the wire-screened 'Mosquito Hatch-

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ery' of the Cuban exhibit. This doctor was a darkly clad, scholarly-looking man, and wore an American Medical Association button in the lapel of his coat. The 'Hatchery' had roused the question in my mind, and it occurred to me that his opinion would be worth having. I was not mistaken, but much surprised.

" 'The prevention of disease,' he answered quite promptly.

" 'That is a pretty broad statement,' said I, facing around in some astonishment, 'but of course you don't mean all disease, do you?'

" 'Yes, from a physician's point of view, all; I am not taking surgery into account.'

" 'All disease?' I repeated, rather blankly. I was trying to grasp this tremendous proposition that he so confidently termed a possibility.

" 'There is one exhibit here,' he began abruptly, after a pause, 'that overshadows every other.'

"He pointed to a large white card, which bore in black letters the following:

" 'It is in the power of man to make all infectious diseases to disappear from the world.—Pasteur.'

"Think of it! 'To make all infectious diseases to disappear!'

"My doctor friend was right; it was an exhibit of far vaster importance than any other could be. Yet, there was the great, careless, unheeding crowd passing within a few feet of the card, and they did not see it; or, if they saw it, they surely did not comprehend its import, else they would have stopped as if halted by a voice from the unknown.

"I read the declaration again.

"Oh, the possibilities! No more contagion! No more infection! No more sickness and affliction, except that due to accident and age.

"Under the glamour of this possibility there seemed scarcely a condition, trade or profession but what would bloom forth from the dark pall of death and defeat to the full flush of life and success. No shrinking from contact with one's fellow man for fear of contagion; no need of insurance for fear of untimely death, and life no longer a gamble!

"I sat still and let my mind go on with the train of speculative possibilities the card had awakened in me. It all seemed clear enough if the world would only heed, but it is so difficult to get the big, busy world to stop long enough to have the necessary thought. But once it stopped to think what it would mean, in the way of health, wealth, life and happiness, it seems that the world would cry aloud as if with one voice:

" ' Let us rid ourselves of infection.' "

Then we can prevent infectious disease. I know, of a certainty, that all of you agree with me in the acceptance of Pasteur's dictum. You cannot do otherwise. With this fact conceded we have a basis from which to develop method. Method is necessary—method and effort. It is upon these lines that success always moves, but for us there must be an additional requisite—co-operation. The erratic individual may go far—very far, indeed,—but he accomplishes so little. There may be, and probably is, a brilliant flash in his work, one that

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the gallery may applaud, but they of tomorrow will know nothing of it, for nothing has been accomplished. In our relation to the public there must be team work, thorough co-operation, or else we are flanked and surrounded by the enemy, disease.

One of the chiefest things opposing this co-operation is the unnecessary lack of unanimity of the various so-called schools of medicine. The varied and numerous "pathys" that have sprung up all over the country within the past few years, having but one idea—always and eternally that of claiming to cure all diseases with one remedy—one principle. A curious feature, however, distinguishing each and all of them—it is the earmark of their tribes—it is this: While they make the most extravagant claims in the matter of curing any and all diseases that human flesh is heir to, especially those that are incurable, they never advocate the prevention of disease, they never foster hygiene, they do but little, if anything, for charity, and they always insist on nice large fees. There is one thing, however, that should be a source of congratulation to us—in the midst of epidemics, especially those that are marked by unusually strange symptoms or heavy mortality, we are the ones to whom the public invariably turn in their hour of need.

To understand our relation well, it is best that we know all we can of that upon which the public health is based—that is, statistics. The principal data with which vital statistics are concerned have to do with (1) population, (2) marriages, (3) births, (4) contagions, and (5) deaths. While we really have only to do with the births, deaths and contagions in the matter of certification and registration, still that of the population and marriage is necessary to complete the circle of statistics.

The value of these statistics lie largely in the relation of the various data to each other and to the several sub-groups with which they are generally classified, such as: sex, age, social or conjugal relation, occupation, season of the year, and, in the case of sickness or death, the cause of the same. These, in America, are not readily obtained, for lack of systematic reports. This is markedly so in Oregon, and from my own county, Douglas, the vital statistics of the past have been deplorably meager.

It is to make a plea for vital statistics, at present the only tangible expression of our relation to he public health, that I attempt something of an analysis, necessarily brief, of the various statistical points.

An accurate knowledge of the total number of inhabitants forms the basis of all vital statistics, but as to the manner of acquiring this data, including, as it does, matters of density, distribution of sex, occupation, climate, soil and dwellings, while probably within the province of this paper, their discussion enlarges the field too greatly for my present purpose, so they will be omitted that more important points may be touched upon.

In regard to marriage: The reporting of marriages lies with the officiating clergyman or magistrate. The marriage rate, I may mention, depends largely upon, (1) Cost of living, (2) Sex distribution, (3) War. These are of but little importance to us in our present re-

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lation to the public health, except insomuch as they affect the birth rate. It is to be greatly deplored, however, that we have so little to do with marriage. As a decided step toward eliminating disease there should be a law compelling the contracting parties to obtain clear bills of health from reputable physicians before the authorities could license them to wed. But, as there is no such law, nor likely to be, since it involves the personal liberty so greatly abused by the average American, yet we can still do a vast deal, at least for posterity, by persuading our venereal patients to delay the marriage till all possible danger of infection is past. The tubercular ones should be absolutely barred, not because of heredity, but because of contact.

In the matter of reporting births occurs the first formal relation the physician has with the public health. With the birth we are chiefly interested in the rate, still births, sex, plurality and illegitimacy. The birth rate of most civilized countries shows a gradual decline during the last half-century, probably due to postponement of marriage to more mature years, and a growing celibacy. The tendency toward celibacy is due, in a greater or less degree, to the ability of most single women to care for themselves far better than most men can care for them.

Still births should be reported and the cause of death given. I believe there is a law that comes into force after the 25th of the present month to that effect. Beyond the obviously statistical value of this law, you will see its greater usefulness when you are apprised of the fact that many infanticides are hidden from the law under the name of "still-born."

As regards sex: From the statistics it would appear that there are born into the world a greater number of males than females. The difference disappears because of the greater mortality among boys in the first few years of life, and the balance swings to the female side in mature years with each recurrence of war.

Plural births occur with considerable regularity. Twins constitute a little more than one per cent. of all births; triplets a little more than 1-100 of one per cent. of all births.

While the statistics regarding illegitimacy in the United States are not very definite, still from those obtainable it appears that we may congratulate ourselves that it is less than that of other civilized countries. Obviously there is no disposition on the part of the parents to report the births of illegitimates, and, unless a conscientious physician is in charge, it usually goes unreported.

In regard to sickness, especially as it applies to infections and contagions: Is is this especial field that we can best show our relations to the public health, and yet, in my experience, it is the field most neglected. I am sure you haven't any idea how difficult it is to get the average physician to report his various cases of infection, though the law is very plain and his duties are clearly defined. The very first one of the articles of the Rules and Regulations of the Oregon State Board of Health reads as follows:

"It shall be the duty of every practicing physician in the State of Oregon to report to the County Health Officer or to the health officer

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of the municipal corporation in which such diseases are found within twenty-four hours by the quickest means of communication, a report of all cases of diphtheria, membranous croup, scarlet fever, cholera, typhus fever, typhoid fever, smallpox, measles, bubonic plague, leprosy, barber's itch, and tuberculosis within his jurisdiction."

The use of this rule is apparent, it is for the purpose of quarantining the diseased and thus preventing the spread of infection, as is noted in the following Rules and Regulations, which I will quote, not because you may be ignorant of them, but to emphasize them:

"Rule 14. No person suffering from diphtheria, membranous croup, scarlet fever, smallpox, measles, whooping cough, bubonic plague, leprosy, or other dangerous communicable disease shall be admitted into any public, parochial, or private school, or college or Sunday School, or shall enter any assemblage or railway car, vessel, or steamer, or other public conveyance.

"Rule 15. No person shall be admitted into any public, parochial, or private school, or college or Sunday School, from any house or building in which has recently occurred a case of dangerous communicable disease, without first presenting a certificate, signed by a reputable physician, that all danger of communicating such disease is past.

"Rule 16. No parent, guardian, or other person having charge or control of any child or children, shall allow or permit any child or children to go from any house or building in which a case of smallpox, diphtheria, membranous croup, scarlet fever, whooping cough, or other contagious disease has recently occurred, until such house or building has been disinfected, and quarantine has been removed by the health officer.

"Rule 17. It shall be the duty of every physician called to attend a person sick, or suspected of being sick, or in the absence of a physician, every householder, wherein such sickness is found, to report in writing within twenty-four hours thereafter, giving the name and residence of all cases of contagious disease to the County Health Officer, or other health officer who has jurisdiction in the territory.

"Rule 19. Every person attending a person afflicted with smallpox, diphtheria, membranous croup, scarlet fever, or any other contagious disease shall use every possible precaution to prevent communication of the disease to others. It is urgently advised by the Board that physicians, wherever practicable, wear protective clothing when visiting such patients.

"Rule 20. Any house or building, and its contents, in which a case of smallpox, cholera, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever, measles, bubonic plague, typhoid fever, or tuberculosis has occurred, shall be disinfected by the owner or occupant, under the supervision of the county or city health officer, or his deputy, in a manner recommended by the Board of Health."

The last rule is a very important one, and yet it is rarely carried out, especially in regard to typhoid and tuberculosis. Surely our relation to the public health demands that we protect them from these two diseases. The cost of typhoid fever each year in sickness and death throughout America amounts to many millions of dollars. A

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small percent of this amount expended in instructing the people on the methods of prevention would make it a very rare disease. I had an official experience with an outbreak of typhoid at Elkton. Strange to say, the disease had not been recognized by the physician in charge, and no precautions were taken toward preventing the spread of the infection. As a result, thirteen cases developed, one proving fatal. A similar outbreak occurred last fall in Canyonville, where the source was traced by Dr. DeVore to an infected well, from which developed twelve cases.

As for tuberculosis, statistics show it to be the most prevalent disease we have, and the most terrible, since hope of recovery is so rarely confirmed. Were it as contagious as it is deadly, the world would soon be depopulated. As it is, excluding death by accident, tuberculosis kills a quarter of us all. It is only acquired by infection, so it is our duty to lessen the infection. Flick says, "Sunlight, air and water are its natural enemies. The water dissolves it out of its cache, and the sunlight and air destroys it." Then by all means let us give it these things in large quantities, but let us surcharge the air with formaldehyde and the water with bichlorid.

The demand is so frequently made of physicians:

"Give us some practical means of preventing inoculation by tuberculosis."

What a glorious thing for mankind it would be if we could immediately write a prescription and safely dismiss the anxious inquirer with the direction:

"Take one tablet before each meal."

The authorities' role in the prevention of tuberculosis should be to prohibit spitting upon the sidewalks or the floors of public places. They should not permit consumptives to go about without sputum cups or napkins. The authorities place no restriction upon consumptives; they are permitted to go about as they will, leaving a virulent trail of germs in their wake. If an ambulant case of smallpox was permitted to have the same freedom the populace would rise up in arms! Yet the mortality of smallpox, even in the absence of vaccination, does not run over 20 per cent to 30 per cent, while that of tuberculosis is more nearly complete than our very sanguine brothers will admit. From smallpox there is a justifiable expectation of recovery; from tuberculosis there is, at best, merely an attenuated hope.

I want to call your further attention to Rule No. 25:

"School books, or books from a public library, shall not be taken into the house where smallpox, typhus fever, diphtheria, membranous croup, scarlet fever, measles, or whooping-cough exists, and if school books or library books have already been taken into the house, they must be destroyed by the owner or library authorities, or be properly disinfected before they are again taken to school or placed in circulation."

The rule is a good one, but you will notice that only the most acutely infectious diseases are mentioned. But why not include tuberculosis with the infections and the miscellaneous libraries with the books, since it is the kindly fashion to loan books to the sick, indis-

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criminately? It would be very easy for a weakened convalescent from either of the diseases mentioned in the rule to acquire tuberculosis from a book carrying the infection.

"Rule 28. If any person is found on any railway car, steamboat, sailing vessel, or other conveyance, who is sick or expected to be sick with any of the diseases mentioned in Rule 27, (the infections) he or she shall be removed by the health authorities within whose jurisdiction such person is found, and isolated and properly cared for until the termination of the disease."

This rule was recently very flagrantly mistreated by the S. P. R. R. authorities in a case of measles, which must have made its appearance quite awhile before it reached Roseburg, beginning the journey at Rock Island, Texas; certainly the line of travel had its show at infection. The reports of the health officers along the line ought to be entertaining.

My attention was called recently by a querulous individual to a class of infections to which quarantining has not been applied, viz: toxins, as derived from canned goods, poison oak, ivy, and snakes. I explained to him that, while our responsibilities in relation to the public health were great, they did not include the overseeing of canning factories, the grubbing of shrubs, nor the extermination of snakes.

In regard to death certificates. Allow me, please, to quote Rule 2:

"It shall be the duty of all practicing physicians and all municipal health officers, including deputy county health officers, to make a report to the County Health Officer of all the deaths, with causes thereof, occurring within the limits of their respective jurisdiction during the next preceding calendar month."

With that direct mandate you would think physicians would always be prompt and thorough, but, until the undertakers were instructed not to bury the dead except on the receipt of a proper certificate, very few death returns were made. I think you would be surprised, too, at the great number of ill-defined causes of death given. If it were not that my paper is getting unduly lengthy, I should like to cite you to some very flagrant examples from my own county, ranging from "I don't know" to that great mantle of diagnostic sins, "heart failure."

In 1902 the Census Department of the Government at Washington published a "Manual of International Classification of Causes of Death." It is a most valuable treatise on the subject, and I tried to get a copy for each of the physicians in my county, but have not succeeded in getting them. Since then, however, the department has published a pamphlet entitled, "The Relation of Physicians to Mortality Statistics," to supplant the more extensive treatise. I believe this has been pretty thoroughly distributed, but if you have not received one, I would advise you to procure a copy, as it is of the greatest possible assistance in classifying the various diseases.

While the cause of death is the most important thing in the certificate, yet to be of its greatest value, in a statistical way, it should state the age, sex, color, conjugal relation, nativity, parental nativity, and occupation. The age should be stated exactly, and not in round num-

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bers. Sex and color are usually correctly given, though I have received some returns in which the color was designated as "fair," "dark," and "dark red." Widowed or divorced persons should be designated as such, and not as married or single.

The majority of certificates omit parental information. In some cases it cannot be helped, since the only obtainable knowledge lay in the memory of the dead subject. Those physicians who take the trouble to keep full case records have less difficulty in making out the certificates than their more careless brothers.

Married women, female heads of families, and girls employed only in their own homes should not be reported as "housekeepers," "housewives," or "housework," since these terms lead those who have the compiling of statistics to believe them to have been remuneratively employed in those positions. The simple word "home" will convey the necessary information.

In closing this paper I desire to make a few general observations. While statistics make up a part of the professional relation to the public health yet the greater, more important part lies in the prevention of disease. It must be apparent to even the most casual observer that there must be a more rigid system inaugurated. Perhaps the extension of the federal government's supervision would be a solution to the problem. Municipal control is always lax and indifferent but that of the federal when it has jurisdiction is carried out rigidly and authoritatively. Each physician should be a legal part of the general board with the investment of both power and responsibility; this would wonderfully enlarge the field of surveillance.

It must be admitted, however, that the usual practitioner is a bit careless himself. He displays much more thoroughness in his sterilization processes when in connection with the surgical portion of his practice than when in the medical; yet the necessity of care is just as great, if not greater, since his surgical infection is not likely to infect those about him, while the contagions and febrile infections are almost sure to do so.

Personal hygiene means a great deal; theoretically, it means personal health, and it would practically, were it not for the contamination of others. Without contact an individual could feel pretty safe in avoiding disease, but when his whole effort is overthrown by the almost criminal carelessness of others it upsets his personal assurance.

Summed up briefly, our relation with the public is, to establish the security of its health, to give it confidence in the mixing of its fellows, to assure it of immunity from the insiduous attack of infections, in short, to protect the well from the diseased.

Gentlemen, with our real relation to the public health ever in view, let the burden of our benediction be: "To make all infectious diseases to disappear from the world." Then we can look forward to one universal death certificate: died of postponed senility.

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OSTEOMYELITIS

By HARRY N. MAYO, M. D.
Salt Lake City, Utah

Read before South Idaho District Medical Society, April 4, 1907

In dealing with osteomyelitis we must bear in mind the three portions of the anatomy that enter into its pathology: the medulla, the periosteum and the bone structure. The focus of the disease may be in the medulla or periosteum and when a pathological condition is started all three are likely to become involved. The inflammation may be acute or chronic, suppurative or nonsuppurative and the bacteriology is various.

It is my intention in this paper to take up the nontubercular suppurative type which usually starts in the medullary portion, but it is not uncommon for it to have its origin in the periosteum. The organism is usually the Staphylococcus Pyogenes Aureus, but any other pus germ may be the cause, and often there is a mixed infection. The disease may be ushered in by means of direct injury or as a result of infection from a distant part of the body. If it is the result of direct injury it may gain access by means of a compound fracture or by an injury to the soft tissues involving the structures from the skin to the periosteum. If the infection is from a distant part of the body it might have been the result of typhoid fever, abscess or a small suppurating wound, perhaps to one of the toes or fingers. It may have its origin in the respiratory tract, as Kocher states, an acute tonsilitis being a factor in its causation.

The reason that the disease does not invade the joints is because of the absence of vascularity of the epiphyseal cartilages and ligaments. It is more common in the young than the old. Fifty per cent of the cases occur in children from thirteen to seventeen years of age. The blood carries the micro-organism and the disease frequently starts near the Epiphysis. The lymphatics are a great element in metastises and an infected wound of the toe of the right foot may be followed by Osteomyelitis of the right tibia. The reason for the site of the disease being at the epiphysis is that the bone at this portion is cancellous and the blood current is very slow and is through large sinuses or lacunae, thus giving a good medium for the development of pathogenic germs. The blood supply to the medulla is different from the blood supply in other localities. The blood vessels do not have a muscular coat, and are about four times the diameter of the capillaries that lead to them. The histological formation seems favorable to the lodgment of foreign bodies in the blood, hence the focus of the disease in this locality.

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The pathological process following infection of the medulla is that that substance becomes very much congested; the serum fills the cancellous portions of the bone and the Haversin canals and is deposited in the subperiosteol substance. Pus forms early and follows the course of the exudate, hence there is pus in the medullary canal. The bone in the immediate vicinity becomes softened or honey-combed, pus forms under the periosteum and that membrane becomes very much thickened. When the disease has its initial point near the epiphysis, especially in the young, the epiphyseal cartilage may be destroyed and epiphyseal separation take place. If the progress of the disease is not stopped the shaft becomes involved very early, and there is a great destruction of bone because the blood supply is by means of vessels and not as liberal as it is to the cancellous portion. After the periosteum has become involved abscess of the soft tissues follows and nature in an effort at cure lets out the pus. Sinuses are established and the acute symptoms subside. However, the disease does not tend to disappear. The severe infection, with the interference of the blood supply and the diseased periosteum that further impoverishes the nutrition of the bone, results in a necrosis of that substance and it remains as a continuous source of infection. Here nature, as in other localities, throws out a limiting zone of leucocytes, endeavoring to keep the disease in due bounds. The dead portion of the bone, the sequestrum, virtually becomes a foreign body. Infection is harbored in its honey-combed sections and its mischief stops only when it is removed.

Diagnosis. The early diagnosis of Osteomyelitis is of greatest importance. Pain is one of the earliest and constant symptoms. It is of a boring, throbbing character and usually at the point of involvement, but may extend along the shaft of the bone. The pain increases at night, when the patient is warm in bed and as the exudate increases, and until the pus breaks through its bony confines into the para-periosteal tissues. In multiple Osteomyelitis there is, of course, several foci, but usually the disease appears successively at different points. In the earlier stages tenderness is at the focus of inflammation.

There is no swelling in the first and most painful stage of the disease. After the soft tissues have become involved there is swelling and later fluctuation. Thrombophlebitis is present, and when the pus reaches the soft tissues extensive burrowing follows. Denudation of the bone results, and following the rupture of the periosteum pus burrows along the sheaths of the muscles, nerves, etc.

Synovitis of the adjacent joints soon follows, and unless operative interference takes place suppuration in the joint results. In children the process is extremely rapid. Loss of function of the limb is a consequence of the trouble. It throbs upon being moved, and there is pain at the adjacent joint.

The disease is frequently mistaken for rheumatism, typhoid fever and ordinary abscesses of the soft tissues. There is no particular element that confirms a diagnosis. It was formerly thought that fat globules found in the pus verified a diagnosis of Osteomyelitis; but fat globules are found in the pus of cellulitis of the soft tissues. An

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important element in differential diagnosis is the absence of swelling in the early stages of the disease.

Treatment.—If an early diagnosis is essential, it is so for the reason that early treatment is indicated. On account of the destruction of tissues that take place, treatment should be instituted at the earliest possible moment. Often the focus of the disease is at the epiphyseal cartilage, and where the pain referred to is in this locality there is no harm in making an incision at the point indicated in search for pus. Often there is an abscess that is no larger in volume than that of a pea. A diagnosis of this kind was not easy before the advent of radiography, but with this aid at our command we frequently find areas of involvement that escaped us formerly.

It is conceded by most authorities that the alimentary canal and respiratory tract are channels through which the infection gains entrance. Inasmuch as diarrhea is one of the early symptoms, active catharsis should be induced, and where catarrhal inflammations are present, they should receive attention. Salicylate of soda is indicated in large doses and opium should be administered for the relief of pain. The limb should be elevated and immobilized. The ice bag should be used, but in some cases this treatment increases the pain and heat is more grateful. At the onset of the disease, where there seems to be general infection, surgical interference is useless and stimulation should be given.

The history of syphilis calls for iodides.

As soon as it is determined that the disease is limited in area, surgical interference is indicated. Nature has surrounded the area with a limiting zone of leucocytes, and if we can aid by evacuating the area of involvement it should be done. It was formerly advised that intraosseous injections of antiseptic solutions be used, but this is no doubt more theoretical than practical, and has been abandoned. Antiseptic surgery has partially revolutionized the treatment of this trouble and I am of the opinion that aseptic surgery has completed the revolution. It is now an axiom that the medullary cavity in cases of infection should be freely opened at as early a period as safe diagnosis will justify. We are not justified in waiting for fluctuation. It is criminal neglect. We should not wait for the periosteum to become involved, for such being the case, the bone itself must suffer. The early operation removes every element of pain, the danger of more extensive involvement, the possibility of septicemia, and brings about an early cure. What more could be desired?

In case of involvement of the shaft of a long bone the curved incision through the skin is probably the best, but it is advisable to go between the muscles to reach the bone where muscular tissue covers that member. The incision should extend to the periosteum and the periosteum should be incised in a line parallel to the axis of the bone and the bone should not be denuded to any greater extent than is absolutely necessary. Where sinuses reach to the site of infection they should be followed, and before the wound is closed their pyogenic membranes excised. The bone should be freely opened by means of a chisel or curette and the involved marrow curetted, even though it

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extend to the limitations of the bone. The bone curette is not only a fine operative instrument, but it is a great aid to diagnosis. The diseased bone readily succumbs to its action, and there is the same relation met with in the curettage of bone that there is in the curettage of the uterus. We know from the ring of the instrument when we have removed the diseased tissue and reached that which is sound. After every vestige of the disease has been removed, if such is possible, the treatment following is of the greatest importance. I am of the opinon that antiseptic solutions and applications are not indicated. The area should be washed with aseptic hot saline solutions for the purpose of removing little particles of bone and soft tissues that remain. If the disease was acute, drainage should be put in at the point that was first involved. I do not believe that the entire area should be packed for we hope that this locality, after having filled with blood, will clot and undergo organization. In closing the wound I do not believe that any absorbable suture material should be used, neither do I think that any non-absorbable suture should be buried. Silk worm gut extending through the tissues from the periosteum to the skin, which can be removed in due time, is the ideal suture. We must bear in mind that absorbable sutures frequently make a good medium for micro-organisms. The sutures should not be tied tightly, but just sufficiently to bring the parts in apposition and not to restrict the circulation. It is important to remember that in the vicinity of tendons, cartilage and ligaments, the circulation is poor. We should, therefore, not make it poorer nor supply a material that requires extraordinary circulation for absorption. Drainage left in four or five days may be easily removed without the destruction of surrounding tissues until healthy granulation shall obliterate the tract.

Where the disease has been of some duration the removal of the diseased structures and closing of the muscular and skin covering with a vent to allow the escape of air as the cavity fills with blood will in many cases recover by first intention, just as the removal of an old pus tube does not necessitate drainage. Whether drainage is indicated or not it is important that the entire area should not be packed with gauze any more than the entire abdomen should be packed following a suppurative appendicitis. Drainage at site of infection is ample.

It is of great importance that the limb should be immobilized and for this nothing is so successful as a properly applied plaster of Paris splint. The joints adjacent to the diseased bone should be incased so that they are held at rest, thus in the involvement of the tibia or fibula the plaster of Paris dressing should extend from the toes to the upper third of the femur. If the femur is involved, the pelvis and knee should be immobilized. A fenestrum at the site of drainage can be made the fourth or fifth day after the operation. In case the wound is entrely cosed there may be no necessity for a fenestrum, and if the temperature chart should indicate that such is necessary it can easily be made and a portion of the wound can be opened up and drained.

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GALL BLADDER DISEASES AND THEIR TREATMENT.

By C. P. THOMAS, M. D.
Surgeon to St. Luke's Hospital, Spokane, Wash.

Read before the Eastern Oregon Medical Society, at Hot Lake, July 2, 1907

Modern abdominal surgery has done much of late to clear up and let the light of knowledge into that formerly unknown region of our anatomy, namely—the appendages of the liver.

This accurate knowledge now possessed by us is due largely to the works of Murphy, Mayo Robson, Moynihan and the Mayos. When we consider that our best men preceding them, and many who are yet actively operating for these diseases, had and have an admitted death rate from simple cholecystostomy of 20 to 30 per cent, and for cholecystectomy nearly 40 per cent, to say nothing of the partial failures from not getting duct stones, permanent fistulae, hernia and repeated attacks of colic from kinking of the common duct; to these we might add incurable dyspepsia from stomach adhesions and gall bladder peritoneum suture, of the old two-stage operation, our debt of graditude to the above named surgeons can best be appreciated now that the death rate is about 1 per cent less for simple cholecystostomy and 3 per cent for the complete removal of the bladder.

The origin of all non-malignant gall bladder diseases may be safely accredited to infection, and mostly from the gut, and it is generally believed that stones arise from the same cause.

We must then admit that the means at our command for preventing these troubles are very limited, and, like the poor, they will always be with us.

The percentage of the total adult population over thirty years of age, who have gall stones, is variously estimated at from 10 to 20 per cent, the female portion being much greater than the male.

When we add to this the number of people under thirty who have gall stones, and the number of all ages who have other inflammatory troubles of the gall bladder, we can begin to see the enormous importance of this subject.

It will be remembered that the common duct is formed by the hepatic ducts, joined in its course by the cystic duct, and again about one inch from its termination by the pancreatic duct of Wirsung, emptying into the duodenum four inches from the pylorus.

It is generally believed that stones form primarily only in the gall bladder, but they may be found also in any portion of the ducts.

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Statistics show that in at least 15 per cent of cases operated for gall stones, one or more of the ducts will contain a stone. There are many vague symptoms in the form of dyspepsia, constipation, epigastric uneasiness, etc., which are, I think, rightly attributed to gall bladder disease and stones, but the classical gall stone colic is well described by Dr. W. J. Mayo in substance as follows:

The initial symptom of the so-called "gall-stone colic" is a sudden attack of pain in the midline which passes through to the back and right or left side. The pain is usually very severe, and comes on at any time without warning, the cessation being as sudden as the commencement.

The feeling of relief is attended by vomiting or by a feeling of movement of gas, or is brought about through the administration of morphia or an anaesthetic. The patient feels quite as well as before; there is no quickening of the pulse or elevation of temperature.

The pain is caused by the sudden obstruction of the cystic duct, either as the result of the lodgment of a stone or by the swelling produced by infection. The gall bladder readily becomes filled with serous fluids, producing spasm of its muscular structure. When this contraction relaxes, permitting of escape of contents, the attack is over.

As the only gland draining this area lies beyond he point of obstruction, there are no constitutional symptoms. The attacks last from a few minutes to six or eight hours, occurring at various times and may disappear for years.

In the second stage of gall stone disease the obstruction is in the pelvis of the gall bladder and fails to become relieved. The attack comes on just as the other does, but continues in a more or less modified form for a number of hours or days.

Now for the first time the pain passes into the right side in the region of the gall bladder. The stone may still be dislodged, but permanent changes have taken place in the gall bladder wall and there will not now be entire relief of symptoms.

The bile may be absorbed and the viscus remain distended with a clear mucoid liquid, giving rise to a cystic tumor. The fluids may be slowly absorbed, producing contraction. If the infection is acute empyema may result, and occasionally gangrene with perforation.

Impacted stones with severe infection often slough into the duodenum, transverse colon, and stomach, in the order mentioned and sometimes perforate backward into the liver substance and form diverticula. In this stage, although the gall bladder may be filled with pus, there is seldom much elevation of pulse or temperature on account of poor lymphatic supply of the gall bladder from the fact that the single receiving gland still lies beyond the obstruction.

The third stage of gall-stone disease is not so well marked, and consists of the lodgment of stones in the cystic duct. Movement of the stone in the duct means pain. As a rule obstruction is not complete but permits intermittent drainage.

With infection and obstruction and a contracted gall bladder the symptoms become very marked. The duct is not easily distensible

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and has abundance of lymphatics, so that sudden chill and high temperature may accompany movement of the stone. These attacks without jaundice come on irregularly, the patient being in rather constant distress, and losing weight. There is usually tenderness in the gall bladder region upon palpation.

The fourth stage occurs when the stone passes into the common duct. Up to this time the trouble can be said to be local, and the removal of the calculi with or without the gall bladder can be expected to terminate the disease.

Involvement of the great duct of the liver is most serious, as all of the liver ducts are now exposed to infection, and the functions of the organ seriously interfered with. When the stone first passes into the common duct there is jaundice, but after a long lodgment, usually by developing diverticula, the stone having a ball valve action, the jaundice may nearly disappear and the stones lie quiescent for a great length of time.

If only one stone be present there is usually jaundice; if many, there may be none. As a rule, however, the patient with stones in the common duct is more or less jaundiced and suffers at times from a peculiar chill and rise of temperature attended by collicky pain or gastric distress, which goes by the name of Charcot's fever. The temperature may range as high as 107½.

In the early stages the jaundice, due to stones, is intermittent and may vary day by day, while that due to tumor or malignant disease is constant, generally painless and often accompanied by tumor.

The pains are not so acute as in typical gall bladder colic on account of the absence of contraction of the muscular gall bladder. In 30 per cent of the cases operated upon, no jaundice is present at the time of operation. There is great danger of involvement of the pancreas, acute fatal pancreatitis rarely taking place, fat necrosis somewhat more frequently, and chronic pancreatis most common of all.

Jaundice in gall stone disease means involvement of the common and hepatic ducts and may be due to four causes: First, the infection which has extended downward from a cholecystitis; second, by the passage of calculi into the duct; third, thickening in the head of the pancreas, compressing the duct; fourth, tumor, usually cancer.

Dr. Mayo further says:

Jaundice has great surgical significance. It indicates that the disease is no longer confined to an organ which has but little function, and that simple means of relief no longer suffice.

When produced by a descending infection from the gall bladder it comes on immediately after a simple colic which has disappeared in the usual time, and the yellow hue lasts but a few days and is not accompanied by a marked loss of flesh. When it has continued for three months without intermission it is incurable by any means, because of the permanent blood changes.

Gall stones are foreign bodies and are actually and potentially a grave menace to their hosts. The mortality of operations for simple gall stone disease is less than one-third of one per cent. and the rule

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is that the patients have ample evidence to enable diagnosis and removal during this favorable period. More than one-half of the patients operated on at the present time have passed beyond this simple condition, but if the disease is still confined to the gall bladder and cystic duct the mortality is not above three per cent.

When the stones have passed into the common duct, which occurs in about 15 per cent of the cases operated on, the average mortality is not far from 10 per cent. The mild cases without infection have a mortality of about 3 per cent; with infection and jaundice about 16, and with complete obstruction 34 per cent. The mortality in operations for cancer is very large, and this condition is often found when least suspected.

Cholecystostomy is the operation for gall bladder stones proper, and should have a death rate nearly nil, but when stones are found in the ducts a distinct death rate must be expected, probably nearer 10 per cent. When found in the cystic duct requiring incision it is often best to remove the bladder to prevent stricture and recurrence of symptoms.

All gangrenous and thick walled gall bladders should be removed to prevent further infection, permanent fistula due to inflammatory diseases of its duct, or malignancy. The same is true when it is full of pus or cystic.

While simple drainage will cure some cases of cystic gall bladder, this cannot be depended upon, and complete removal is better. It is sometimes necessary in diseases of the common duct to make an outlet for bile, by joining the bladder to a gut and for this reason, it is well to leave it in for that purpose, where stones are removed from the common duct, in the event of the destruction of its function.

In removal of stones from any of the ducts, drainage is most important. I have but recently lost a case, because of the failure of the drain. After four days of comfort, the patient suddenly developed severe abdominal pain and died two days later, with his abdomen full of bile.

The tube must be placed and fastened well into the incision in the duct, and kept there until nature has built a good protection wall around it to the surface. The building of this wall will vary greatly in different individuals, and is always an unknown quantity.

Pancreatitis, a common accompaniment of gall bladder disease, is generally relieved by drainage of the gall bladder or its ducts.

Removal of the gall bladder, if done from below upwards after clamping the cystic duct and its artery, is not a difficult procedure, and during its removal care must be taken to leave a portion of its serous surface attached to the liver for over suturing.

The cystic artery may be tied separately from the duct and the duct drained if it is thought necessary, but this necessity is not often present if the diseased gall bladder has been removed.

Gastric ulcers and their sequellae are frequently seen in persons with gall bladder disease, due, I suppose, to its effect on the gastric secretions, perverted secretion being the accepted cause of ulcer.

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I have operated for gall bladder disease about 200 times, and feel quite as much at home in that as in any other abdominal surgery, but I am occasionally rather forcibly reminded of the saying that has been accredited to Kehr, "that one should not do gall bladder surgery until he has done at least 100 cases."

Cholecystitis, even when not cystic, is generally manifested by severe and persistent vomiting, which is immediately relieved by drainage, several such cases having come under my observation.

In drainage of the gall bladder, it is well to remember that it must not be attached to the peritoneum, if such attachment requires much traction on it, as traction on the gall bladder may bend the common duct and prevent bile passing through it. One such case came under my observation with a permanent fistula, which was cured by simply releasing the gall bladder and dropping it back.

Drainage through a large rubber tube with the cut edges of the bladder inverted around it, fastened with a purse string suture, will permit the bladder to be left wherever desired.

Stomach and duodenal adhesions to the liver should, when possible, be separated, and all raw surfaces over-stitched.

It is my custom to examine gall stones in all abdominal affections requiring an incision large enough to admit a hand, and it is surprising how many are found to have stones where none were suspected.

When stones are found, if the condition of he patient will permit, they are removed and drainage instituted. This requires but ten minutes additional time if the ducts are free from stone, and the gall bladder not contracted.

The best incision for gall bladder work is the four-inch mid right rectus one, with partial delivery of the liver. If duct stones are found, this makes them most accessible, and permits the complete closure of the incision with drainage of the bladder through a small stab wound. The tube is passed into a flat whisky flask fastened in the dressing, thus preventing their soiling and wound infection.

In conclusion, I would add that gastralgia, wind colic, etc., I believe, are quite as often due to gall bladder disease as appendicitis, and that one of these conditions will account for a very large majority of all abdominal pains, and further, that any such pain which is not relieved by one dose of morphin is more safely treated by surgery than by any other means.

Operations for Urinary Calculi.

George E. Post, of Beirut, Syria, contributes a valuable article in which he presents tables and notes of cases in continuation of like records which were published in the Medical Record of July 28, 1877, and October 30, 1880. These records are numbered according to the author's case-book. The first table comprises cases of vesical calculi removed by suprapubic lithotomy; the third table, litholapaxy in the male, including prostatic and prostatico-vesical stones; while the fifth table is a record of cases of stones extracted from the female bladder. The notes and cuts illustrating these tables make the record very interesting.—Medical Record, July 6, 1907.

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HOUSE FLIES AS CARRIERS OF DISEASE

By C. J. SMITH M. D.
Pendleton, Or.

Read before the Eastern Oregon District Medical Society, at Hot Lake, July 2, 1907

As sanitarians, our chief duty comes from the prevention of disease rather than its suppression after it has once gotten a foothold in a given community. It doubtless is the duty of the practitioner of medicine to assist the community in the suppression of a disease, but it is the duty, on the other hand, of the sanitarians to lend such help and advice as is necessary for the prevention of not only an epidemic but sporadic cases of the so-called preventive diseases.

Insomuch that there are so many methods whereby disease may be communicated from one individual to another, it is useless for me in this brief paper to attempt to discuss the various methods of communicating disease. Useless it is to enter into any argument as to whether diseases may be infectious or contagious, or both; but to avoid such argument we will in this paper speak of such diseases as being "communicable."

I shall endeavor in this paper to deal with only one form of communicating disease, a form which, in my opinion, has been overlooked and much neglected, especially with the communication of such diseases as typhoid fever, acute diarrheas and tuberculosis. The particular agent of communication which I shall discuss here is the ordinary house fly known among scientists as the *musca domestica*. While we ordinarily consider typhoid fever a water born disease, which it doubtless is in most instances; and as a matter of fact we consider tuberculosis an air born disease, which it is in most instances; and we consider the acute dysentery a disease borne by water and food, which it is in most instances; but, the method by which the food or water, as the case may be, is contaminated is, in my opinion, frequently overlooked, namely, by the little pest mentioned above, the common house fly.

It is useless in this paper to enter in a discussion as to the habits of this little pest.

It is a well known fact that this pest, during the season in which he exists, namely, from April till November in the temperate zone, feed not only upon ordinary foods but upon excrementitious material, sputum and other dejecta and then finds his way, except where he is screened out, to all articles of food, and there deposits his own excrementitious material which he carries, but in no way affects the bacillus tuberculosis or the bacillus typhosus by having passed through the alimentary tract of the fly.

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On the contrary, it has been demonstrated that there is a multiplication at least of the bacillus typhosus in the alimentary tract, and that it in no way loses its virulence by having passed through this insect, and, by being again deposited in the food or drink, and thereby contaminate or inoculate as it were the food fresh with bacillus typhosus. While this same food may be taken in a few minutes or in a few hours by the human being, and if the digestive system is not in its most perfect condition, acting in every way physiologically, it will find growth and develop within eight to eighteen days a full fledged case of typhoid fever. On the other hand and practically in the same way is the tubercular bacilli conveyed to the alimentary tract of human beings by this common pest known as the house fly. It has been demonstrated that three days after the ingestion of tubercular bacilli or the ingestion of excrementitious material containing the bacillus typhosus that this same bacillus may be found in the excrement of the fly; hence, the necessity of guarding our food and drink and person against this common enemy to mankind.

The awful outbreak of typhoid fever at Chickamauga during the Spanish-American war was caused by the bacillus typhosus carried on the feet of flies from the excrement of soldiers who came there in a convalescent stage from typhoid fever. The water supply at this camp was analyzed and found to be free from contagion, and had the officers of the rank and file at this camp given heed to the warning of the sanitary officer and caused every soldier to see that his excrementitious material was thoroughly covered with dirt or dry earth, this epidemic would not have occurred.

Especially is it imperative in order to avoid the propagation of such insects as are carriers and disseminators of disease that we should get rid of the open slop barrel in the back yard, and should direct that no dishwater or other substance that might contain culture media should be thrown upon the ground; the water going into the soil, leaves the culture media on the surface for the propagation of insects of all kinds. Especially should we direct our people to avoid throwing out any old cans that have contained canned meats of any kind, because from a single drachm of fluid that may be left in an oyster can it is said one mosquito has been able to propagate and produce two million of its kind in a single year.

Daily newspapers have realized, and the laity as far as that is concerned have realized, that whenever an epidemic of typhoid fever invades a community there is somebody to blame; that carelessness exists somewhere and that destruction to the human family by this disease could and should be prevented. While it may not be reasonable to go as far as was done at Duluth, Minnesota, a few years ago, when the grand jury there caused the president of the water company to be indicted for manslaughter on the grounds that carelessness on the part of the company had caused the death of some of the citizens from typhoid fever, yet it is not unfair for us to hold that every public officer who has in any way to do with the water supply or food supply of a community should be held to rigid account for every typhoid epidemic or for any unusual occurrence of apparently con-

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tracted tuberculosis. It is hard, however, to impress upon the government, especially in a municipality, state or nation, the lessons which we learn as individuals.

The fact that the tubercle bacilli or bacillus, typhosus may be transported from the lung of one person or the typhoid stool to the alimentary tract of another person not suffering from either disease in course of a few hours is highly suggestive of the common modes of transmission, although the bacillus may have passed through the alimentary tract of the fly with its virulence apparently unaltered and therefore we must consider such contamination in a measure direct. This rule, we believe, holds good: That flies are transmitters of infection from disease where a specific organism is found in dejecta and where such dejecta has not been properly disinfected.

Therefore, upon these brief suggestions let us urge a general movement to abolish as nearly as possible from our midst the common pest which has been with us from time immemorial, namely, the house fly. Use every means of destroying his method of propagation by keeping the outdoor premises thoroughly clean. And in certain places where it is impossible to keep down a bed that is a source of propagation for these insects the use of disinfectants or crude oil will probably very materially assist.

We should especially recommend to people who have homes that can be screened, that they do so in order that all flies be kept out of the house in order to keep the food free from contagion; because, when we come to look over the history of this insect, we find that the female house fly is one of the greatest propagators of her specia of any existing insect; that she can get up in the morning childless and by evening be the mother of many millions of energetic children, and by the third day all of these offspring are ready to respond to the propagation of the house fly. If the house fly has any redeeming traits, and she probably has, so far as I am able to learn they have never been discovered. She is a homebody, and never goes voluntarily more than two hundred feet from her place of propagation. She is the personification of insolence, and as a butter-in is without a peer; she is a foe to both health and religion; she is a scatterer of disease, and especially to bald-headed men she provokes unseemly profanity. But bear in mind that the fly will live; if he doesn't get the best of food he will live on such scraps of food as he can get. The vomit of drunken men, sores on dogs and horses, and the cold meat in the pantry that has been saved for supper. A good housekeeper is the eternal foe to the house fly; by all means encourage her, and let us encourage her by the various means by which this pest can be exterminated. Let us teach the children in the homes and schools that the destruction of this little pest and the destruction of the places where it may propagate will lead to the destruction of disease, a strong physical citizenship, long average of life, much relief from sickness and much worry. If we could only teach our people although they may not be sanitarians, and they may not have time to devote to it, but to stop and listen to a few voices and watch for a few lamps which God has trimmed

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and lighted for their benefit. They should be taught to know that in many instances greater indeed to the state and to the community are the acts of science in the prevention of disease than are the deeds of valor on the battlefield or achievements in letters or in finance wherein some of their citizens may have acquired distinction and given credit to the state which gave them birth. In order to carry out and complete the suggestions above mentioned, it is necessary for the officials of the state or community in which you live to be in accord with you and when we remember that it is the mission of the executive of the state or community to protect life, preserve health and secure peace and tranquility and thereby secure happiness to their people, it is necessary to teach our people to expect this of their government.

Report of a Postoperative Case of Fibroid Sarcoma Under the Enzyme Treatment.

William T. Doran, of New York, describes a case of fibroid sarcoma that had been operated on by pan-hysterectomy and removal of all the involved glands. The disease recurred and was treated by injections of the enzymes, tripsin and amylopsin. The result was an apparent cure, the enlarged glands disappearing, and the patient feeling entirely well at the time of writing.—Medical Record, July 6, 1907.

The Prevention of Venereal Disease.

A. H. Baker, of Elmira, considers that the true prophylaxis of venereal diseases consists in the education of the public, and especally the young men, as to the serious results of venereal diseases to their wives and children. Seventy-five per cent of men have gonorrhea; 18 per cent have syphilis. The bad effects of gonorrhea are worst, coming upon the innocent women. Those of syphilis bear especially upon the children. A conservative estimate gives 33 1-3 per cent of cases as uncured. The woman who has been infected in the tubes and ovaries practically never recovers. Little children become infected from their parents, and renal diseases are a common result. It is the duty of every physician to explain to young men the dangers and far-reaching consequences of venereal disease, their incurability, and late results. This will have a restraining effect on many men. Teach them that a continent life is healthy, not harmful. Teach them to desire as high a moral standard as they require from their wives. Teach society that early marriages are the best, and to be a mother is better than to be a social butterfly.—Medical Record, July 6, 1907.

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Medical Societies

Minutes of the Oregon State Medical Association, Held at Seaside, Ore., July 12 and 13, 1907.

The association convened for its thirty-third annual meeting in the Knights of Pythias hall, Seaside, Ore., July 12, 1907, with 85 members present.

Meeting called to order by the president, Dr. E. B. Pickel, of Medford, in the chair.

On motion of Dr. E. P. Geary, of Portland, reading of the minutes was dispensed with, and on motion of Dr. W. F. Amos, of Portland, the minutes were adopted as not read.

The Mayor of Seaside welcomed the convention of doctors in a cordial address, and Dr. W. T. Williamson responded with an acceptance equally cordial.

Amoebic Dysentery.

The first paper read was by Dr. John Milton Holt, of the Public Health and Marine Service, Past Assistant Surgeon U. S. N., Astoria, Ore., on "Amoebic Dysentery (Chronic) a Surgical Disease."

Discussion opened by Dr. K. A. J. Mackenzie, Portland, Ore. "This is an important paper, and the hygienic side has not been too fully spoken of. With the increased inter-oceanic communication between Oriental countries and the United States, the habits of the people become of utmost concern. I admire the conservatism of Dr. Holt in pursuing medical treatment for a period in chronic cases, but were I to speak frankly, I should say that I believe him to be too conservative when he sets the limit of medical treatment so long away as one year.

"I would lean in the direction of being more radical, and would put the limit at six months. I would not wait a year, for hepatic abscess, the tropical sequel of his disease, comes early, and may come before the year is up. Perforation of the bowel is also an ever-present danger and stricture of the bowel at the seat of inflammation may occur and increase the danger to the patient. So I believe it wise to adopt a shorter period and lay down a rule to operate after six months.

"Since the Philippine war I have treated three cases, but the seat of disease was low down in all, and responded to colonic irrigations of boric acid and nitrate solutions.

"I regard this surgical operation as a marvel of ingenuity, which stands unchallenged, and I would not wait a year before using it, when certain that the disease is above the rectum. Six months I believe to be sufficiently conservative."

Dr. A. E. Rockey, of Portland: "I want to add my congratulations on the work done by the writer of this most excellent paper. More attention should be given to this disease, for it is very sure that the more traffic that occurs between the United States and Oriental countries, the more dysentery we will have. I have had some personal experience with the operation, and have made some improvement on the original plan. A woman, 60 years of age, came from a six months' stay in an Astoria hospital for recurrent dysentery, to me for treatment. I operated on her by the Weir method, with resulting cure, but I found that the fine stitches about the appendix pulled out and the appendix would slip below the skin and the tube could not be introduced without much trouble, and the opening would close. In my improvement I brought the

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appendix well up through the incision, cut away the fat part, avoiding injury to the blood supply, brought the intestine firm and taut against the abdominal peritoneum, and secured it with fine catgut. Then, taking a roll of gauze as large as the finger, stitch it to the appendix and roll the appendix around it and secure with a safety pin. It will then be held firm, adhesions will form about the appendix, which will dry up at its free end and after several weeks will slough away, leaving one-quarter to one-half inch of living appendix. Cut away the dead tissue and you have a good, well-secured opening. If a large tube is used, you will get leakage, so I use a small eustachian silver catheter with a rubber tube attached. With this only a small drop of mucous appears at the opening. About one-eighth inch of the appendix projects above the skin and I have dressed it with a common bunion plaster applied around it and cover with cotton. One physician on whom I operated said he would not take a thousand dollars for that hole. Perhaps he is right, for we acquire no immunity from attacks of this disease."

Dr. Marcellus, of Oregon National Guard:

"Infection in the Philippines in dysentery, is acquired through the water supply and the mode of disposing of the dejecta, much more than by eating uncooked vegetables, for though 12 months in the hospital corps in the Philippines, I never saw the human excreta put over the vegetables. The excreta is deposited in the river, and the water supply taken from the same river."

Dr. A. C. Seeley, Roseburg: "I know the excreta is used over vegetables by the Chinese, because I have seen them apply it in the gardens in China."

Dr. Holt, in closing: "I did not overlook the complications occurring in amoebic dysentery, but time is limited and I did not wish to make my paper too long. Hepatic abscess would not usually influence operation, for it occurs early in the disease or not at all, not later than six months after injection.

"I am glad to hear Dr. Mackenzie make an earlier date for the operation. I believe no period has ever been made as a precedent, and I am the first to set a time for operation, but I quite agree with him that the earlier time is better. I did not wish to seem radical, and so set the period of one year as a conservative limit.

"The open appendix is a valuable asset, and the wisdom of closing it is a question which will not be decided until more is known of the life history of the amoeba. Whether amoeba lie dormant for years must be first proven.

"I have always used dressing of gauze and do not know whether the bunion plaster would be any improvement. I agree with the doctor that water is largely the source of infection, but the vegetables are fraught with danger. Lettuce was taken from the market in Manilla and washed in three separate washings of sterilized water and the third water was found to contain amoeba. One cannot be too careful. Out of 17 stations of sterilized water supply, eleven were found with filters swarming with amoeba.

Stokes-Adams Disease.

Dr. William House, of Portland, read a paper, "Stokes-Adams Disease, or Heartblock." In the absence of Dr. Sharples and Dr. McNary, the discussion was opened by Dr. R. L. Gillespie, of Portland, who remembered seeing the case reported by Dr. House, daily, while it was receiving treatment at Crystal Springs Sanitarium. It was a most interesting

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case, and he was able to diagnose a pressure on the brain, but was not sure whether it was located in the pons or at the medulla. I believe with the Doctor that the syndrome are based on the bradycardia which has its origin in the bundle of His, and is in line with the experiments of Erhlinger, who, experimenting on the hearts of animals last year, found that slight compression on the bundle of His increased the interventricular pause of the heart and that strong pressure caused independent action of the ventricle and auricle. In heart-block, the vagus loses control of the ventricle and pseudo-epilepsy may be caused by cerebral anaemia, and apoplectiform attacks may result from cerebral venous congestion. Stokes has been able to bring this about by using the geno-pectoral position, and apoplexy may occur from venous congestion when there are arterio-sclerotic changes in the heart. It is rarely the result of toxemia, but comes from pressure on the bundle of His, with either disease of the brain or heart.

Dr. H. W. Coe, of Portland: I congratulate the profession of Oregon that we have members who can produce so exhaustive and scientific a paper on this obscure subject. The paper to which we have just listened would do credit in research to the professor in a scientific college. I saw this patient, but knew little of the case, except that it was a very difficult one in which to make a diagnosis.

Dr. House, in closing: I thank the members for the favorable discussion of my paper. I assume the diagnosis of the case to be a lesion of the upper part of the pons, probably an aneurism of the basilar artery, for the 10th nerve was involved, and not the muscular structure of the heart.

The Opsonic Index in Tuberculosis.

A paper with this title was read by Dr. W. R. N. Kellogg, of Seattle.

Dr. Kellogg exhibited charts showing the index running through the period of treatment by vaccination with T. R.

Discussion opened by Dr. E. J. Labbe, of Portland: "One cannot realize until he has experienced it, the interest in pursuing this most fascinating work as followed out by Dr. Kellogg. It shows the progress occurring in medicine. One more step toward perfection, and one feels remiss if not qualified to make the tests. Yet the steps are complicated, and one must be careful when correct results are expected. For instance, the index must be taken at the same hour of the day and under the same circumstances.

The failures of Dr. Wright should not be discouraging. Such things are to be expected when we know so little, and we must go on. Wright has obtained results, and anyone can if he press on. The more we do, the more careful we become, and more seriously do we look on the dangers of the work. It is not justifiable to give injections without the guide of the laboratory. Too large a dose, or given at the wrong time, will give disastrous results.

Dr. Labbe reported a case of a woman with healed tubercular pulmonary lesions who had ulceration of the bowels, with frequent hemorrhage. After examining the blood and watching the case for six months he gave three injections of T. R. with good results, and normal temperature was resumed. He asked if local irritation followed the injection when given for glandular tuberculosis.

Dr. William House moved that the privilege of the floor be extended to guests. Carried.

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Dr. E. A. Pierce, of Portland, had watched the work of Dr. Kellogg during the past year with great interest. His results make it possible to reach cases, especially those of glandular infection, which were previously without hope. We owe a debt of gratitude to Dr. Kellogg. whose work is far ahead of any previously done here in the study of diseased glands.

Dr. J. A. Fulton, of Astoria, said that the theory of the opsonic index is attracting great attention and he feared the profession were inclined to attach too much importance to its guidance. Special laboratory skill is required, and he believes we must bide our time and wait until experience proves that the index is of true value. Long before the word opsonic was known there was work done right here with us, a few miles from this place, which has been in direct line with the work of tracing the opsonic index.

Dr. Kinney, of Astoria, has for twenty-five years been treating tubercular cases with serum. He did not have improved laboratory methods, but he learned to reduce the serum and to lengthen the interval of injections from six weeks to sometimes three months. He has been modest, and not presented his work in writing; yet is known somewhat in Germany and in this country. I would like to call attention to this man who is here and is quietly doing good work.

Dr. Kellogg closing: I agree with Dr. Pierce that no length is too great to go to relieve sufferers where heretofore relief has seemed impossible. I have persisted in the use of T. R. for a period of nine months and then have vaccinated with staphylococcus serum and the cases recovered and gained weight. I believe we will be able to accomplish things which heretofore have been impossible.

I would like to pay my compliments to Dr. Kinney. I should be proud to meet him. He has been a close student and careful in watching results. He has used various forms of tuberculin in small doses. I believe he has followed Wright very closely.

Sanitary Treatment of Tuberculosis.

Dr. A. E. Pierce, of Portland, read a paper on the "Sanitarium Treatment of Tuberculosis in the Northwest."

In absence of Dr. Kinney, Dr. J. M. Hall, of Denver, was asked to open the discussion.

Dr. Hall: There are many points of interest in the paper, and I can appreciate them all. I think much credit belongs to the pure atmosphere and it is best to keep patients in the outdoor air, breathing of which is the life of the body. Colorado has an excellent climate, because it permits of living out in the open constantly. I believe, however, that recovery is not dependent on any one thing, and I might illustrate by referring to the case of a boy who lived at an elevation of one thousand feet but yet developed tuberculosis. He had most nutritious food at home in the way of good farm milk and eggs, but he was sent to Colorado, where I found him trying to live on the climate and taking but little food, and that of poor quality; homesick and not doing well. I felt that his home was the best place for him, and sent him back to his milk and eggs. I have observed the great freedom from dust in Oregon. Of course there is a certain amount, but the railroad trains are remarkably free from dust. I do not believe this point to be emphasized sufficiently. The already irritated mucous membrane of the bronchial tubes in tubercular infection must be relieved of the irritation, and freedom from dust should be secured. It is early to say very much

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about the vaccination treatment. The first year under treatment the patient will improve, and later will fail and die. Oregon, I must say, is quite the antithesis of Colorado in its freedom from dust and its great humidity.

Dr. F. B. Eaton, of Portland: "I came from California and can speak of another arid climate. There is plenty of dust in the northern part of California north of San Diego. South of that city the climate is good for outdoor living and is free from dust. About San Francisco the climate is equable and free from dust. In tuberculosis of the throat it is a question whether it would not be better to sleep in the open in Oregon rather than in California, and I believe this valley is better for this trouble than most parts of California.

Dr. Esther C. Pohl, of Portland: I have not had much experience along these lines, but we all know that sanitarium treatment is the best for these cases, and the site chosen should be conducive to mental rest and upbuilding. A liberal state appropriation should be made in every state to stamp out this disease. This step is not possible now, and until it is, not all can be done that we would like to do.

Dr. E. P. Geary, of Portland: I must thank the writer for the encouragement his paper gives. Out of 90 cases, in which 50 were advanced, only 26 were unimproved. This is surely showing results. Dr. Hall says truly that it is too early to expect permanent results, for there is so likely to be reinfection.

Dr. E. J. Labbe, of Portland: There is one strong feature about sanitarium treatment. It does regulate the habits of the patient. There is more bronchial catarrh in our climate than in many others, owing largely to the careless habits of the people in going carelessly dressed in a moist temperature which is a good conductor. The habits are regulated in a sanitarium and this tends to recovery.

Dr. Kellogg: Climate per se is not the important thing, and any climate is favorable if the care given is in a sanitarium. Change of climate is more stimulating to the life forces, and whether in Canada or in the Southern states does not matter. For advanced cases with weak heart, a low altitude is favorable. The work done by the Open Air Sanitarium at Milwaukie is a credit to Oregon, and to Dr. Pierce, who contributes so greatly to its success. We hope to establish such a one in Washington, but there is a dearth of enthusiasm on the subject thus far. Portland deserves and should have state aid. I have sent half a dozen cases from Seattle for treatment, with uniform good results. Seattle people know about this Open Air Sanitarium and its work is appreciated in Washington.

Dr. R. L. Gillespie: I have talked with many doctors in the far North about tuberculosis in the natives. They tell me that in that climate there is a low rate of mortality. The rainfall is 118 inches, falling 180 days out of the 365, which makes the climate pretty severe, but the mortality is low.

Dr. Kuykendall, of Eugene: It is a cruel habit, this sending patients away from home, especially advanced cases. I believe such should remain at home with the milk and eggs that Dr. Hall mentioned.

Dr. E. A. Pierce: It has been proven that this climate is as good as any, so there is no excuse for sending away the patients. Dr. Hall's suggestion that it is not time to make positive assertions is appropriate, as results are not yet positive. In cases far advanced, we feel that we can teach and care for them, and we

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can do better for them than can be done at home. We care little for statistics, but are working to learn how much benefit we can be to the sufferer. We can teach them how to care for themselves and how to protect their friends. If they do not do well we cannot keep them more than six weeks, because we have not the room and are not provided with means to keep many advanced cases which would require months to make a possible cure, and in which positive results will not perhaps be gained for years. The most pitiful cases are those to which Dr. Kuykendall refers, those who come into town prostrated and are leaving homes while too sick to be cured. They should be left in comfort among their friends.

Gynecological Operations.

"The Effect of Certain Gynecological Operations Upon the Mental Condition of the Insane, with Report of Cases," was a paper read by Dr. L. F. Griffith, of Salem.

Dr. R. L. Gillespie, of Portland, opened the discussion. He considered the paper gave a fair and conservative report of cases as they appear; that statistics are variable and Dr. Griffith has reported faithfully as he found them. Mayo reports on 700 cases, which he has studied, and operated upon many of them, and finds that the family history and personal temperament are important in deciding whether relief can be gained by operation.

Dr. A. C. Smith, of Portland, has asked Mayo if he operated expecting to give relief to mental condition in the insane, and Mayo said he does not expect mental relief, but operates on the insane for the relief of the physical, the same as he would were the patient sane.

Dr. W. T. Williamson, of Portland: I have pronounced views upon this question. There has been too much operating done on insane women and much harm has been done. If an operation should be done were the patient sane then it should be done even though she is insane, but in pure insanity the surgical need is not the underlying cause, and is rarely, though might possibly be the exciting cause, and from 20 per cent to 50 per cent of insane recover anyway.

Dr. William House: I have found that statistics guarantee one in saying that 35 per cent of insane get well, and that 90 per cent of melancholics get well. I have known a case of removal of tape worm to cure the patient in three days.

Dr. H. W. Coe, of Portland. The keynote to success in treatment of insane lies in the study of the patient and not of the disease. We are too likely to study the disease. I believe we should have the operation without considering its effect on the mental condition. If the physical condition demands the operation it should be done.

Dr. John Milton Holt, of Astoria: I believe if a pathological condition exists in an insane woman it should be corrected, and she should have the benefit. In New York institutions the woman's physical condition is examined and corrected and in a routine way much good is accomplished.

Dr. Griffith, in closing: The relatives often ask for operations, and are better satisfied if something is done, even though the mental condition does not improve. I thank the members for the favorable comments they have given.

The president announced the hour and place of the clambake for the evening.

Expert Testimony.

Dr. Geo. F. Wilson, of Portland, read a paper on "Examination of a

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Patient with View to Giving Medical Opinion."

Discussion opened by Dr. Park Weed Willis, of Seattle, who said the points of the paper might be summed up as an avoidance of prejudice, and thoroughness of examinations. If one wants his opinion to be worth anything to the jury, he must be frank and honest, and have a thorough knowledge of the case. It is better to find out all the bruises and pains, even suggesting and asking leading questions, to see if there might be any injury which later will develop. It is remarkable how injuries develop, even as long as 18 months afterward. It is best to go into every little detail, take an X-ray of a bone and know all about your case. If you make a statement, be sure it is correct; don't be afraid to say you don't know. Commissioners should be appointed by the court for expert examiners, for the habit doctors have of disagreeing does much to bring the profession into disrepute.

Dr. A. W. Moore, of Portland: Expert medical testimony has been and is much in disrepute. The popular idea is that the company's physician must be prejudiced, The company's doctor sits in the bar and tells the lawyer what questions to ask and then goes on the stand and testifies against the plaintiff. The insurance companies have figured out, and hold an estimate of how much loss they will meet each year through these dishonest doctors, the family physician and the company doctor. There should by all means be an appointment by the court of commissioners.

Dr. W. T. Williamson: When the doctor is dishonest on the stand he dishonors the ethics of morality and the profession shares blame with the culprit. All men mean to be honest, yet when the railroad doctor goes on the stand he is biased, and when the doctor engaged by the other side testifies, he is also biased. Yet we must keep within the limits by trying to be perfectly honest. One trouble is that the examining physician expresses an opinion before he completes the examination and then seeks evidence to support his opinion. A commission should consult after finishing the examination, and should express no opinion until then.

First we should eliminate fraud, and second, seek to determine whether functional or organic. A traumatic neurosis will cause the patient to do dishonest things and he will not know he is dishonest. He will act unconsciously. The method of pressing over the painful spot and counting the pulse to see if it rises under the influence of the pain caused by pressure is a way to distinguish between true injury and malingering. Imperfect and insufficient examination is the greatest fault with examining physicians, and the greatest cause of disagreement. The reaction of degeneration cannot be reliably obtained by inexperienced electricians. A doctor may be honest, but may be ignorant. One must be familiar with tests and take time to employ them, as in Babinsky's test which the patient cannot understand. In hysterical paralysis the movements are clumsy and an act is rarely performed twice alike, as using the different group of muscles to perform a certain act is likely to not repeat in the same way. Must have patient do over many times in order to judge correctly. Doctors are not dishonest but have, in most cases, not taken time to learn the condition of the patient, and their testimony is imperfect. A doctor who has not taken time to examine his patient thoroughly is not fit to go on the stand.

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Dr. Amos, of Portland: To illustrate the ease with which testimony may be misleading reported a case in which a man said his father died from the effects of a fall, when in reality the father committed suicide by hanging. He referred also to the case of a bad arm injury in which he and Dr. Wilson and Dr. Pickle had disagreed and yet all were trying to give an honest opinion, Dr. Amos being employed by the plaintiff and the other physicians by the company.

Dr. A. C. Smith had had experience with several cases which time proved were exaggerating injuries for the sake of the damage money they expected to get and did get from the railroads, and protested against the idea that railroad surgeons are necessarily biased or prejudiced against a plaintiff.

Dr. A. Tilzer, of Portland, reported a case of malingering which was proven by time.

Dr. A. W. Moore reported a case where the man was put in jail for a drunkard. Dr. Moore carried him home and treated him for cerebral hemorrhage, but the man died and the post morten proved the correctness of his diagnosis. The company physician always minimizes the injuries, and I think we are all more or less biased.

Dr. Wilson, closing: I have pointed out plainly that I realize that the family physician is likely to lose caste if he does not sympathize with the family. I can easily make this excuse. The company doctor cannot afford to lie, and is not asked to do so, for the company might have settled out of court with less cost to themselves. I do not say we are not biased, but I do say we should endeavor earnestly to get rid of any bias. I would say to Dr. Amos that we all make mistakes, and that he, perhaps, has made one now and then along with the rest of us.

The President announced a meeting of the Health Association at 7 P. M., and the Society adjourned.

A clambake was enjoyed by the Society in the evening, given on the beach behind Moore's hotel, by the entertainment committee of Clatsop County Medical Society.

Diphtheria Anti-Toxin in Asthma.

July 13th, meeting called to order at 10 A. M. by the President, and a paper was read by Dr. J. A. Reuter, of The Dalles, on "Use of Diphtheria Antitoxin in the Treatment of Hay Fever and Asthma, with Report of Sixty Cases." The author reported using it on himself the first one, and resulting in a cure.

Dr. S. T. Linklater, Hillsboro, opened discussion. He had had no experience with the treatment.

Dr. C. J. Smith, Pendleton: I fear the profession does not appreciate the value of this paper, and I can testify to the good effects of the treatment, for I used it on myself upon the recommendation of the author, and was cured of my troublesome hay fever. I think failures are due to poorly selected cases. Heredity makes little difference with success of the treatment, unless the disease has gone on to emphysema and destructive inroads in the lung tissue. I have used it in 20 or 30 cases with good results, and believe that 60 to 70 per cent of cases will always be relieved. It is a great pleasure to listen to the patients as they recite the story of the relief they have experienced, and it is a cruel deprivation when the treatment is not given those who so badly need it.

Dr. Reuter does not claim any scientific discovery, but only the discovery that the treatment is beneficial, and this knowledge will, no

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doubt, be of assistance in leading up to the pathology of asthma which is now in so much doubt. I believe it has a local effect on the mucous membrane. The use of antitoxin would not be justified in cardiac asthma, and should be limited to bronchial.

Dr. F. B. Eaton, Portland: If antitoxin is a cure for asthma the pathology will have to be revised. Dr. Eaton described the operation of Francis of London, who thought asthma a paroxysmal neurosis with a reflex in the nose, and operated by cauterizing a line along the nose opposite the middle turbinated bone. This cut the nerves and the connection was broken.

Dr. F. W. Vandyke, Grants Pass: I would like to ask if a patient with a sore spot in the apex of right lung and hay fever would be relieved. When the fever is on, the lung is acutely sore.

Dr. William House: Dyspnea from heart and kidney disease cannot be classed as asthma. The paper is an excellent one and most interesting.

Dr. Shaw: I would like to report a case. Dr. Reuter and Dr. Ferguson asked me to use antitoxin, which I did, on an asthma case. In ten days the patient was much better, when I gave her another dose and in ten days more she was well and no return has appeared.

Dr. R. L. Gillespie: I have used the antitoxin on two cases with favorable immediate results.

Dr. E. A. Pierce: Dr. C. J. Smith told me of this cure and I have used it in 12 or 15 cases, and have been much pleased with the results. It is a very interesting discovery, and much credit should be given the writer of the paper.

Dr. W. T. Williamson: This treatment is of great interest to the medical profession. In bronchial asthma the author stands unchallenged, but some underlying state is the causation in different individuals. Not all arise from the same cause. The patient must be susceptible and stirred to action by the exciting cause, and there is no seeming conflict in therapeutics, whether the disease is treated by medicines, by cauterizing the nerves which carry the reflex or by introducing a serum. Whatever is used, it in some way allays the spasm and the irritation.

Dr. J. W. Moore: A patient of mine was a victim of asthma all her life. During a confinement she had a hemorrhage and I gave her a hypodermoclysis. She has never had asthma since, and if I could not get antitoxin I should use normal salt solution for injection.

Dr. K. A. J. Mackenzie: Pathology should throw light on the treatment, yet the profession are divided on the pathology. There are two conflicting schools. One believes there is a disturbance of the nerves, and the second believes it is caused by an exudative bronchial inflammation. In either case the origin is unknown, and the barely temporary relief given by opiates and drugs is the strongest proof of our helplessness.

Dr. Reuter, closing: In organic heart disease I believe it is unsafe to use the antitoxin, for collapse is likely to appear. In the 60 cases there were four unimproved in which no lesion of any kind was discovered, so not all cases will be benefited.

Heredity cases have been helped perhaps more than others. The treatment has a local effect on the mucous membrane. It causes expectoration of mucous and the nose secretes mucous. In Dr. Vandyke's case if the patient has no tuberculosis or constitutional disease I would try the treatment.

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Surgical Treatment of Goitre.

Dr. A. C. Smith, Portland, read a paper on "Surgical Treatment of Goitre," and said he did not understand why this field of surgery was shunned, for it is an eminently satisfactory work.

Dr. A. E. Rockey, Portland, said he uses no anesthetic at all when making the incision to remove the goitre. He stands above the patient, and with a sharp knife makes a quick incision. There is usually no outcry. Considers local anaesthesia as useless. There is as much pain in using the hypodermic as in making the incision. He keeps the patient counting constantly when near the laryngeal nerve.

Dr. Park Weed Willis, Seattle, thought Dr. Smith had covered the subject thoroughly, but the doctor seems unduly afraid of the anaesthetic. He believed in the general anaesthetic, and would not like to makes an incision without it. Had not found the laryngeal nerve hard to manage and would rather depend on his own sense of sight and touch than on an hysterical woman's voice. He believed in the complete exposure of the gland, and avoidance of dragging. He agreed with Dr. Smith in these points. Much dragging destroys anatomical land marks. He uses the longitudinal incision and likes it very much.

Dr. Florence Manion, Portland, wanted to know how the profession stands on the use of Thyreoidectine.

The President declared that discussions must be cut short, as the program was so long it would not be finished.

Dr. K. A. J. Mackenzie: Simple goitre is an expression of lack of thyreoid in the system, and we have striking results from administration of the gland, but exophthalmic goitre indicates an excess, a hyperthyroidism, and the thyroids should not be given. Digitalis may be given and can recommend the galvanic current.

Dr. Smith, closing: I must repeat that it is important to be careful of the nerve. I must quote Kocher, who injured the nerve, and believed we cannot be too careful. Dr. Mackenzie is correct in hyperthyroidism—the thyroids should not be given. Much is said in commendation of the thymus serum, and also of thyroidine. The Beebe and Rogers manufacture a serum which is much used in the East. I do not understand Dr. Rockey's rapid incision, which I consider dangerous, as likely to injure the veins and produce embolism. The linear incision has been tried, and found wanting—leaving cordlike projections in the neck, and does not show. The linear leaves a hideous appearance.

The President: We have received a telegram from Dr. Witherspoon, of Butte, Montana, that he cannot be with us. He sends his regrets that he is not able to read his paper.

The President read an address on "Some Needs of the Laity from a Physician's Standpoint." Dr. Van Dyke moved a standing vote of thanks to the President.

"The Quarantine" was read by Dr. Seeley, of Roseburg, Or.

Dr. K. A. J. Mackenzie read a paper on "Indications for Treatment in Gastric and Duodenal Ulcer."

The President said we would not discuss the paper for lack of time, and Dr. C. J. Smith moved that discussion be deferred until after the reading of Dr. Hall's paper. Carried.

"Abdominal Diagnosis as Tested by Operation," was read by Dr. J. N. Hall, from Denver, Colorado.

Dr. J. A. Fulton, of Astoria, consid-

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ered the paper one of vital interest. The diagnosis of disease is its most important feature, and to arrive at a correct decision requires great care. In any abdominal case we cannot say what is before us—but Lawson Tait, who did more to legitimize exploratory incision than anyone else, insisted it was always a proper operation. Dr. Hall has shown remarkable results, but he is a man splendid in his diagnostic ability and we must expect these results from his work. I can add nothing of interest to Dr. Mackenzie's paper, which is remarkably well written. I now have a case of gastric ulcer which is adding gray hairs to my head, and I believe with Dr. Mackenzie, that this is a surgical disease, particularly in this case.

Dr. R. C. Coffey: The papers are both splendid. Dr. Mackenzie's is orthodox, and there is nothing to add or detract. Dr. Hall made a fine record. Deaver says that cancer of the stomach cannot be diagnosed except by exploratory incision, and there is no danger if the patient is in experienced hands. The society is to be congratulated upon having so valuable a paper on this important subject.

Dr. A. C. Smith: I consider the Society fortunate in having such valuable papers, and congratulate the Society also on having an active Secretary who secures such papers. We are not able always to make a pathological diagnosis before operating. It is impossible to do so—we must go in not knowing whether we shall find ulcer, or stenosis, or gall stones. But no matter. The case must be relieved—it is a surgical case, and we must try to relieve it.

Dr. C. J. Smith: Dr. Hall is unique in his line as a diagnostician, and his work is of interest because in such close conjunction with the surgeon, and the surgeon with him.

Dr. Park Weed Willis: Dr. Hall has shown the very greatest care in his diagnosis in these cases. He need not feel badly about the few cases of missed diagnosis. If physicians would make a few more mistakes, and thus find unexpected help, it would be better. We must make every effort for correct clinical diagnosis before operation.

Dr. K. A. J. Mackenzie regarded Dr. Hall's paper as most valuable for a body like this, and challenged him to make a better second series, considering it almost impossible to do so unless the diagnosis were made earlier.

Dr. Hall, closing: I have a habit of writing my diagnosis in ink on a card, before the operation, so that the opinion is down in black and white, and there is no retreat. Improvement in diagnosis lies along the lines of doing earlier work—and we should not wait when diseases such as cancer of the stomach are suspected. Incision should be made before it is too late.

President announced that Dr. Hamilton had received a letter from Dr. Fenton Turck, who could not be here, but had sent his paper. It was moved and carried that the paper be read by title and published in the proceedings.

Dr. Fulton moved that the Society proceed to the election of officers; carried.

Dr. Park Weed Willis expressed his appreciation of the high standard of the program this year—he had not attended any section of the A. M. A. that had ever been more satisfactory, and invited the members to attend the Washington State Association, which meets in Seattle September 10.

The Secretary announced the names

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of those nominated for President.

Dr. C. J. Smith, of Pendleton, withdrew his name from nomination as President, and asked Dr. Williamson, who made the nomination of Dr. Byrd, of Salem, to withdraw Dr. Byrd's name—which Dr. Williamson consented to do after requesting the Society to remember Dr. Byrd next year. Dr. C. J. Smith moved that the Secretary cast unanimous ballot for Dr. R. C. Coffey, of Portland. The motion was carried.

For Vice-President, the nominations were: Dr. Nicholas Moliter, of La Grande, and Dr. F. W. Van Dyke, of Grants Pass. Dr. Van Dyke withdrew his name and Dr. A. C. Smith moved that the Secretary cast the ballot for Dr. Molliter. Carried.

For Second Vice-President, Dr. Rosenburg, of Prineville, was elected.

Third Vice-President, Dr. A. C. Seeley, of Roseburg, was elected by the Secretary casting the ballot.

Dr. William House, of Portland, was elected Secretary, and Dr. Edna Timms, of Portland, was elected Treasurer.

Counsellors elected: Dr. C. J. Smith, of Pendleton, and Dr. E. J. Labbe, of Portland.

Delegate to the A. M. A., Andrew C. Smith, of Portland, and Alternate Delegate, Dr. W. T. Williamson, Portland.

Dr. William House, Portland, moved that the Society express its thanks to all the guests who have contributed to the success of the meeting. Carried.

The President ruled that discussion of papers must be dispensed with on account of limited time.

Dr. C. H. Wheeler, of Portland, read a paper on the recent epidemic of cerebro-spinal meningitis in Portland.

Dr. Van Dyke asked to present correspondence regarding life insurance held with New York Mutual Life, who reduced the fee to $3.00, after which Dr. Van Dyke resigned. Dr. Van Dyke said no old line company could get an examination for less than $5.00 in Josephine County, and asked whether the Society supported the $5.00 rate. That agents report to the outside physicians that Portland physicians examine for $3.00, and to learn whether the Society would take action as to its standing in this matter, he moved that $5.00 be placed as a fee for all old line life insurance examinations.

The motion was seconded by Dr. A. Tilzer.

Dr. O. B. Wight, of Portland, explained that the $3.00 fee was perhaps only temporary, and was necessitated under the laws of the company. It is quite probable that a bill will be put before the New York Legislature asking that the examination fee be eliminated from the first year's premium. If this bill is passed, we have the assurance of the companies that the old fee of five dollars will be restored. Dr. Tilzer thought that the companies cannot be so very poor when the salaries of the officers are so large. He believed if the profession took a stand for $5.00 they would get it.

Dr. A. C. Smith: After the State Medical last year the Multnomah County Society took action on the reduced insurance fees, and passed resolutions to demand the $5.00 fee, but many members have continued to examine for $3.00. I had a talk with my company and resigned and someone took my place. Dr. Tilzer is right—it does no good to pass resolutions unless the resolution is supported. A small man will not be deterred from taking the small sum if the resolution is considered a dead letter. We

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must make it clear that the resolution will be enforced.

The President: Last year a resolution was passed to expel members who examine for three dollars, and I think it is the duty of the Board of Counsellors to see that the resolution is carried out, and I am sure the Society will stand with them. The President read the resolution passed last year, suspending the members who examine for a reduced fee.

Dr. Van Dyke: In view of the misrepresentation made by agents, in our county, I must ask the Society to reaffirm the action of last year and instruct the Board of Counsellors to take measures when occasion offers.

Dr. O. B. Wight: Thought that no examination for any fraternal order should be made for less than $5.00—the same skill is required, and the mortality is about the same as the old line companies, showing that doctors make careful examinations. He moved that the resolution extend to the fraternal orders also.

Dr. Seeley seconded the amendment.

Dr. Wight thought fraternal orders should not be a charity.

Dr. Kuykendal opposed the amendment. He considered fraternal orders as benevolent orders. A doctor may do an act of benevolence if he chooses. The amendment was voted upon and lost. The resolution of one year ago was reaffirmed by the Society and a motion to suspend a member who examined for less than $5.00 was carried.

Papers were read by Dr. William O. Spencer, Huntington, Or., on "Mountain Fever as Seen in Southern Idaho and Eastern Oregon," and one by Dr. William Kuykendall on "Life Insurance." The President announced a smoker would be held in the evening.

Dr. A. C. Smith moved that the Society thank the officers of the Clatsop County Society for the courtesies extended to the State Medical Association, the President of the Association and the Secretary, who has served faithfully, for their efforts, which had made this meeting a great success, and that this expression of appreciation shall be spread upon the minutes. The motion was carried.

Dr. William House moved that Dr. Williamson and Dr. Kuykendall conduct Dr. Coffey to the President's chair; carried. The new President was duly installed.

Dr. Williamson finished the ceremony by announcing that they were installing a President possessing the largest feet and the greatest head in Oregon.

Dr. Coffey said it was the proudest moment of his life—that he should take great pride in serving a society which had shown so warm a feeling toward him. He should do his best, and while perhaps he could not do so well as others, he should strive to have a good meeting for next year. From the bottom of his heart he thanked the Society for the honor they had given him.

Dr. Mackenzie: I wish to refer to Dr. Holt's paper and the passage which describes the treatment of vegetable gardens by human excreta. The Society should take steps to prevent this occurrence by the Oregon Chinese. I would like to present a resolution on this measure. Dr. Mackenzie's motion was adopted.

President asked that Dr. Mackenzie be given time to provide his resolution, which was granted.

Dr. Williamson thought the resolution should be submitted to the Secular Press Committee. He said

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action was taken in Eastern Oregon Society on Dr. C. J. Smith's paper that it be submitted and published in the public press, and he thought this resolution should be treated the same.

Dr. Pickel thought it advisable for the Board of Counsellors to get together very soon and take action on the Committte on Publication. He urged that the Board of Counsellors get to work soon.

The President called attention to the section in the Constitution which set the time when the Board of Counsellors should meet, and urged that they meet soon.

Dr. Williamson moved that the Counsellors meet now.

Motion was carried ,and the session adjourned.

Oregon State Health Association.

The annual meeting of the Oregon State Health Association was held in Moore's Hotel, Seaside, Oregon, on July 12, 1907, with President Geary in the chair. Minutes of last meeting were read and approved. The following officers were elected: President, Dr. E. P. Geary; Vice-President, Dr. Esther C. Pohl; Secretary-Treasurer, Dr. Fred Ziegler.

Dr. E. P. Geary read a paper on "Some Problems of Public Health," which was discussed by Dr. J. M. Holt, who dwelt upon interstate quarantine laws, and expressed an opinion that the Texas law of quarantine against tuberculosis is defective, in that it allows tubercular cases to go out of the state, but does not allow them to come in; that he doubts if such laws would stand test of the courts.

The paper was also discussed by Dr. A. C. Seeley, of Roseburg, Dr. A. E. Pierce, of Portland, Dr. F. E. Smith, of Salem, and Dr. Esther Pohl, of Portland.

County Health Officers was the title of a paper read by Dr. A. C. Seeley, of Roseburg.

Dr. C. H. Wheeler, in discussing complained that doctors do not always report contagious diseases, and in this way infection is promoted; that he had attempted school inspection, but with 23,000 children, and no one regularly delegated on inspection, he had found the work impossible.

Dr. E. A. Pierce suggested that the Superintendent of Public Instruction be required to put courses in Sanitation in the Teachers' Institutes.

Dr. C. H. Wheeler gave an address on "City Sanitation."

The meeting adjourned.

Eastern Oregon District Medical Society.

Hot Lake, Or., July 2, 1907.

The annual meeting of the Eastern Oregon District Medical Society was called to order by the president, Dr. Jacob Prinzing, at 10 o'clock A. M. The minutes of the last regular meeting were read and approved, after which Dr. Phy was introduced to the society by the president for the purpose of delivering the address of welcome, and he, in turn, introduced Hon. Walter M. Pierce, of Pendleton, president of the Hot Lake Sanatorium Co., who delivered a short but very able address of welcome, which was duly and appropriately responded to by the president of the society, after which the following program was rendered:

Business Methods and Systematizing—J. C. Woodward, M. D., Payette, Idaho.

Discussion—Drs. Smith, Coffey, Rockey, Thomas and Henderson.

The Treatment of Chronic Colitis

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by Weir's Appendicostomy—A. E. Rockey, M. D., Portland, Or.

Discussion—Drs. C. P. Thomas, W. J. May, Ed. E. Maxey, T. M. Henderson and E. W. Barnes.

Some of the Common Methods of Communicating Disease; Dealing in Particular With "One Method," That Being "House Flies"—C. J. Smith, M. D., Pendleton, Or.

Discussion—Drs. Gillespie, Maxey and Phy.

Quarantining the Internal Generative Organs Against Puerperal Sepsis With Special Reference to Drainage—R. C. Coffey, M. D., Portland, Or.

Discussion—R. C. McDaniel, C. P. Thomas, A. E. Rockey and others.

The Nauheim Baths in the Treatment of Disease, with the indications and Contra-Indications.—Ed. E. Maxey, M. D., Boise, Idaho.

Discussion—Dr. W. T. Phy, Hot Lake.

Gall Stone Diseases and Their Treatment—C. P. Thomas, M. D., Spokane, Wash.

Discussion—Drs. May, Rockey, Coffey and Williamson.

Election of Officers.

President—Dr. W. T. Phy, Hot Lake.

First Vice-President—Dr. W. O. Spencer, Huntington.

Second Vice-President—Dr. R. O. McDaniel, Baker City.

Secretary and Treasurer—Dr. N. Molitor, La Grande.

Board of Censors—G. W. Gregg, Wallowa, one year; Jacob Prinzing, Ontario, two years; T. M. Henderson, Pendleton, three years.

Election of New Members.

The following were elected: E. R. Seeley, Lostine; J. T. Townley, Dufur; J. T. LeFevre, Summerville; J. P. Myers, Union; C. H. Law, North Powder; N. E. Winnard, Heppner; C. C. Cochick, Ione; E. G. Kirby, Elgin; J. H. Hubbard, La Grande; John S. Rankin, Huntington.

The invitation of Dr. W. J. May to meet next year at Radium Springs was accepted, although there were several other invitations.

Resolutions were introduced in the customary manner, thanking Hot Lake management, etc., for hospitality, and it might be well to add that perhaps nowhere else in this state would it be possible to see a better banquet than that tendered by the Hot Lake Co., and then, in addition to this, there was no member present who could spend any money, for Dr. Phy had apparently thought of the many ways that a medical man has to spend his money, and so to that end every doctor present was the recipient of a $5.00 coupon book and told to spend it all if he could.

There were other resolutions, as to honorary members, etc., and then some further business relative to the taking up of certain measures in which the district would have to get the assistance of the state society in order to execute fully, and no doubt these same things will come up for further mention in this publication later, if not in this issue.

CLARK E. SAUNDERS,
Secretary-Treasurer.

South Idaho District Medical Society.

Sessions held in the rooms of the Caldwell Commercial Club.

Morning session called to order at 9:40 by President J. C. Woodward.

Quarterly report of secretary-treasurer:

Present membership, 64 active and one non-resident; one member, Dr. Wright of Halsey, received at the April meeting.

Application for membership of Dr. C. B. Allen, of Parma, presented. Drs. Brandt, Gue and Dutton appoint-

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ed committee on applications; reported favorably on the application of Dr. Allen, and he was unanimously elected to active membership.

Order of printed program changed in order to accommodate some who may desire to leave early.

Dr. C. L. Dutton, of Meridian, read paper on "Exophthalmic Goiter, with Report of Case." Discussion by Drs. Brandt, Compton, Prinzing, Gue, Woodward and Hamilton.

Next was a report by Dr. F. W. Compton, of Boise, of Two Cases of Hemorrhagic Diathesis. Interesting report of successful treatment of this alarming condition, which, though rare, any physicians may be called upon to treat in an emergency.

Dr. F. H. Brandt, of Boise, next read an excellent paper on "Duodenal Ulcer." Discussion by Drs. Prinzing, Hamilton, Dutton, Taylor and Compton.

A very able paper by Dr. W. B. Lyman, of Boise, was read by Dr. Prinzing, Dr. Lyman being absent. Subject, "The Relation of So-called Nervous Diseases to Mental Alienation." No discussion.

Adjournment for lunch.

Afternoon session called at 1:45 P. M., by President Woodward.

Dr. J. W. Gue, of Caldwell, presented a paper on "Obstetrics, Management and Conduct." After some discussion, Dr. J. A. Young, of Caldwell, was asked to give his paper on "Eclampsia of Pregnancy," that the two papers might be discussed together.

These papers brought out a very helpful discussion nearly every one present taking part, as these are topics of practical interest to all.

At this time the President, Dr. J. C. Woodward, of Payette, presented his address on "The Needs, Duties and Benefits of Organization of the Medical Profession," pointing out some of the particular needs in our own state and district.

Dr. Frank Scott, of Rogers, Ohio, being present, was called on and made some helpful remarks on some of the papers read and on the conditions of medical practice in his own state. On motion, Dr. Scott was unanimously elected an honorary member of this society.

President Woodward recommended the formation of a Committee on Membership and Legislation, with representatives in each county of the district. On motion of Dr. Young, the president, secretary and one other member selected by them were authorized to select such a committee for this district.

Vote of thanks extended to the Caldwell Commercial Club for the use of their very pleasant quarters, and to the local committee of arrangements for the excellent provision for the pleasure and comfort of the visiting members.

The local committee now invited the Society in a body to an excellent dinner served by the ladies of the Methodist Church. After dinner the members were invited for a ride over the Caldwell Interurban to the Deer Flat Reservoir, now in process of construction. While waiting for the car, Dr. Ed. E. Maxey, of Boise, read an interesting review of some recent literature on Adams-Stokes Disease and on intermittent tick fever.

Next meeting of the Society to be in conjunction with the State Society at Boise in October.

J. M. TAYLOR, Sec'y.

American Medical Editors' Association.

The 39th annual meeting of this Society was the most successful in

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point of attendance and general interest ever held. The rapid increase in membership is an assurance that in the future the meetings of the American Medical Editors' Association will be an important feature annually. Sixty-four new members were elected as follows:

L. H. South, Bowling Green, Ky., Kentucky Medical Journal.

J. Elsner, Denver, Colo., Colorado Medical Journal.

W. L. Dickinson, Saginaw, Mich., Journal of Physical Therapy.

F. T. B. Fest, New Mexico, Journal of Physical Therapy.

F. H. Garrison, Washington, D. C., Index Medicus.

R. Fletcher, Washington, D. C., Index Medicus.

H. G. Goldberg, Philadelphia, Pa., Annals of Ophthalmology.

John Guttman, New York City, Ophthalmology.

L. J. Hirschman, Detroit, Mich., Harper Hospital Bulletin.

Hills Cole, New York, North American Journal of Homeopathy.

R. J. Held, New York City, Medical Review of Reviews.

W. F. Honan, New York City, Journal of Surgery, Gynecology and Obstetrics.

R. H. Sayre, New York City, Sajous Cyclopedia of Medicine.

P. W. Shedd, New York City, North American Journal of Homeopathy.

B. L. Simmons, Greenville, Tenn., Electicism.

T. A. Stevens, Caney, Kan., Oklahoma Medical News Journal.

J. A. Wilson, Philadelphia, Pa., American Journal of Orthopedic Surgery.

DeW. G. Wilson, Buffalo, N. Y., Cleveland Medical and Surgical Reporter.

T. W. White, Philadelphia, Pa., Annals of Surgery.

O. C. Welbourn, Los Angeles, Cal., Los Angeles Journal of Eclectic Medicine.

J. E. Weeks, New York City, The Ophthalmic Record.

L. G. Robinvitch, New York City, The Journal of Mental Pathology.

Curran Pope, Louisville, Ky., Journal of Advanced Therapeutics.

E. S. McKee, Cincinnati, O., Southern Medicine.

W. Litterer, Nashville, Tenn., Southern Medicine and Surgery.

E. E. King, Toronto, Ontario, Canada, Canadian Practitioner and Review.

O. Juettner, Cincinnati, O., International Journal of Therapy.

J. H. Burch, Baldwinsville, N. Y., Journal of Advanced Therapeutics.

S. S. Bishop, Chicago, Ill., Illinois Medical Bulletin.

F. B. Bishop, Washington, D. C., Advanced Therapeutics.

J. S. Billings, Jr., New York City, New York Medical Journal.

M. O. Baer, San Juan, P. R., El Boletin de la Asociacion Medico de Puerto Rico.

Mary M. S. Johnstone, Chicago, Ill., Woman's Medical Journal.

G. L. Richards, Fall River, Mass., Annals of Otology, Laryngology and Rhinology.

Y. G. Martinez, Mayaguez, P. R., Boletin de la Asociacion Medica de Puerto Rico.

M. D. Lederman, New York City, Laryngoscope.

M. L. Foster, New York, Annals of Ophthalmology.

L. R. Kaufman, New York, The Chironian.

O. E. Lademann, Milwaukee, Wis., Medical Fortnightly.

J. S. A. Gaines, Nashville, Tenn., Southern Medicine and Surgery.

C. A. Wood, Chicago, Ill., Ophthalmology.

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C. Chassaignac, New Orleans, La., New Orleans Medical and Surgical Journal.

F. C. Eastman, Brooklyn, N. Y., Neurographs.

G. H. Fox, New York City, Medical Review of Reviews.

J. Burroughs, Asheville, N. C., Gaillard's Medical Journal.

A. T. Huntington, Brooklyn, N. Y., Medical Library & Historical Journal.

Margaret H. Rockwell, Toledo, O., Woman's Medical Journal.

B. R. Schenck, Detroit, Mich., Journal of Michigan State Medical Society.

E. Amberg, Detroit, Mich., Journal of Michigan State Medical Society.

I. C. Chase, Fort Worth, Tex., Texas State Journal of Medicine.

A. T. McCormack, Bowling Green, Ky., Kentucky Medical Journal.

C. C. Stephenson, Little Rock, Ark., Journal of Arkansas Medical Society.

J. W. Jervey, Greenville, S. C., Journal of South Carolina Medical Society.

I. Dyer, New Orleans, La., New Orleans Medical and Surgical Journal.,

C. H. May, New York City, Ophthalmology.

J. W. Wainwright, New York, Dietetic and Hygienic Gazette.

G. A. DeSaxe, New York, New York Medical Journal.

A. W. Palmer, New York, Homeopathic Eye, Ear and Throat Journal.

G. O. Hughes, Winnipeg, Canada, Western Canada Medical Journal.

T. A. Woodruff, New York, Ophthalmic Record.

J. L. Moffatt, Brooklyn, N. Y., Homeopathic Eye, Ear and Throat Journal.

H. F. Pitcher, Haverhill, Mass., Advanced Therapeutics.

J. P. Warbasse, Brooklyn, N. Y., New York State Journal of Medicine.

D. O. English, New Brunswick, N. J., Journal of Medical Society of New Jersey.

The papers presented were of unusual interest, were thoroughly discussed and will appear in the form of a bound transaction early this fall. The papers read were as follows:

The Future of Medical Journalism, by James Evelyn Pilcher, M. D., President.

Shortcomings of Physiology the Chief Obstacle to Medical Progress, by C. E. DeM. Sajous, M. D.

How Can We Make Medical Journalism Better (a) For Our Readers. (b) For Our Advertisers. (c) For Ourselves. By W. C. Abbott.

A Word or Two from an ex-Journalist, by Samuel W. Kelly, M. D.

The First Medical Journals, by O. F. Ball, M. D.

Twenty-five Years of Medical Editorship, by Stephen Lewis Pilcher, M. D.

The Psychology of Medical Journals from the Reader's Standjoint, by T. D. Crothers, M. D.

Further Reflection on the Official versus Independent Medical Journals. One Year's History. By W. J. Robinson, M. D.

The Situation, by C. F. Taylor, M. D.

Some Aspects on Medical Journalism, by W. F. Waugh, M. D.

A Few Feeble Remarks, by W. A. Young, M. D.

Medical Abstracts and Their Relation to the Medical Journal, by Mary M. S. Johnstone, M. D.

The American Medical Editors' Association, Past, Present and Future, by Joseph MacDonald, Jr., M. D.

An important feature of the meeting was the appointment of a Committee of Publicity, whose duty it will be to see that the medical profession, through the medical press, are promptly informed upon all matters

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of general interest. The committee appointed was:

W. J. Robinson, M. D.; Thomas Stedman, M. D., and the Secretary of the Association.

The following officers were elected:

President, C. F. Taylor, M. D., Philadelphia, Pa., Editor of the Medical World.

First Vice-President—Kenneth Millican, M. D., St. Louis, Editor St Louis Medical Review.

Second Vice-President—H. E. Lewis, M. D., N. Y., Managing Editor of the International Journal of Surgery.

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Gastro-Intestinal Ailments of Young Children.

By H. B. Brown, M. D., Waukegan, Ill.

As the hot weather approaches the usual number of cases of gastro-intestinal ailments will confront us, and if we be not alert the same mortality of old will occur among our little patients of one and two years. The keynote of success in the management of these cases is to see that correct feeding is enforced and to keep the alimentary canal as clean and nearly aseptic as is possible. If this be done, much suffering can be obviated and many little lives saved.

Every medical man these days is capable of giving correct advice on infant feeding, the care of bottles, accessories, etc., if he will only take the time and trouble to make the mother understand how important it all is. The doctor's suggestions on this matter are too often regarded as simply platitudes and not thought of seriously until the child is in the throes of a severe illness. The following clinical reports are illustrative of my usual method of handling the more common, but serious, gastro-intestinal diseases we meet during the heated season.

Ethel G., aged ten months, suffering from cholera infantum; bottle fed; was passing watery stools every few minutes. Temperature had been considerably elevated, but was now slightly abnormal. Mouth and tongue parched. Considerable emaciation and a scaphoid abdomen. Circulation weak and respirations labored. In fact, an extreme prostrate condition. Treatment: I put four ounces of Glyco-Thymoline with eight ounces of water and gave it as a high enema, causing it to be retained as long as possible. This was repeated every hour or so until the bowels were thoroughly cleansed and the stools diminishing in number. Gave one-tenth grain of calomel every two hours until the discharges showed the characteristic greenish color. Also gave the following:

℞

Elixir Lactopeptine.....℥ ij
Glyco-Thymoline .....℥ ij
Oil Peppermint .....gtt. j

M. Sig.—20 drops every hour.

After eight hours the child was able to take nourishment and retain it. This consisted of cold pasteurized milk diluted with an equal portion of lime water. Child was given all the cold water and lemonade she wanted. She made a good recovery.—Medical Summary, July, 1907.

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Book Reviews

Modern Surgery: General and Operative. By J. Chalmers DaCosta, M. D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Fifth Revised Edition, Enlarged and Reset. Octavo volume of 1283 pages, with 872 illustrations, some in colrs. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.50, net; half morocco, $7.00, net.

Another edition of DaCosta's Modern Surgery has been demanded by the profession, and it is thoroughly up to date. Many sections have been altered or expanded, and considerable new matter has been added. Among the sections altered, corrected or expanded may be mentioned those upon hernia, ulcer of the stomach, cancer of the stomach, ulcer of the duodenum, tetanus, snake bites, syphilis of bones and joints, gonorrhea in children, concussion of the brain, compression of the brain, hydrocephalus, cephalocele, spina bifida, suture of the divided spinal cord, injuries by electricity, fractures of the bones of the foot, surgical tuberculosis, cleft palate, Pier's method of congestive hyperemia, and perforation of the bowel in typhoid fever. Among the new matter is Moynihan's short loop method of gastro-jejunostomy, the no-loop method of gastro-jejunostomy devised by the Mayo brothers, the transverse incision for exposure of the vermiform appendix. A number of new cuts have been added. The volume is issued in the usually faultless style of the Saunders publishing house.

Surgical Diaynosis. By Daniel N. Eisendrath, M. D., Adjunct Professor of Surgery in the Medical Department of the University of Illinois (College of Physicians and Surgeons). Octavo of 775 pages, with 482 original illustrations, 15 in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $6.50, net; half morocco, $8.00, net.

There is no end to books covering the field chosen by Dr. Eisendrath, but the subject is of such great importance to the health of humanity, that everyone who has something new to offer, should be welcomed. The author attempts to group injuries and diseases in the manner in which the surgeon or general practitioner must consider them when he examines a patient for the purpose of making a diagnosis. Thus, in the chapter upon injuries of the head, the various traumatic lesions of the scalp, skull and brain are considered together. In the chapter upon the abdomen the injuries of all of the abdominal viscera are taken up in similar manner. The author's justification for the apparently arbitrary classificaton of the diseases of the abdomen into acute abdominal affections, abdominal tumors and a further description of the remaining surgical conditions of the abdominal viscera, is that he had in mind the clinical picture that one encounters at the bedside. While admitting that such divisions are not appropriate for a text book which includes pathology and treatment, they have seemed to him the most practical for a book limited to diagnosis. A large number of original illustrations of clinical cases and specimens which appear in the volume will be of value to the reader.

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Personal

Oregon.

Dr. S. L. Corpe, of Cove, has moved to Weston.

Dr. J. B. Bartle, of Eugene, has located at North Bend.

Dr. Anderson, of Enterprise, has been appointed coroner.

Dr. Pernot, of Corvallis, has purchased a new automobile.

Dr. Albert Prill, of Scio, was an Albany visitor last month.

Drs. Culin and Richmond, of Coquille, are fitting up a hospital.

Dr. Jas. K. Locke, of Portland, has had a cottage built at the beach.

Dr. W. H. Booth, of Lebanon, was in Albany last month on business.

Dr. M. E. Ellis, of Albany, gave a little dinner to some friends recently.

Dr. O. B. Estes, of Astoria, was last month at Seattle at a family reunion.

Dr. G. A. Pogue and wife, of Ontario, celebrated the Fourth at Vale.

Dr. O. W. Bean, of Salem, spent some of the heated term at Newport.

Dr. Fred A. Lieuallen, of Huntington, was a recent visitor in Baker City.

Dr. Geo. L. Biggers, of La Grande, called on friends in Portland last month.

Dr. W. W. Oglesby, of Cottage Grove, was a Eugene visitor last month.

L. Shearer, of Roseburg, was a visitor in Seattle and Tacoma last month.

Dr. and Mrs. O. B. Estes, of Astoria, were in Seattle recently visiting friends.

Dr. and Mrs. J. F. Wood, of Condon, spent some of the heated term at Seaside.

Dr. F. E. Selover, of Eugene, was a recent caller on his Portland friends.

Dr. T. R. Monk, of Summerville, was a visitor last month at La Grande.

Dr. W. G. Cole, of Pendleton, was at La Grande on professional business recently.

Dr. Esther C. Pohl, of Portland, has been appointed City Health Officer of Portland.

Dr. W. W. Oglesby, of Cottage Grove, spent several days last month in Bohemia.

Dr. W. G. Cole, of Pendleton, and family spent some part of the heated term at Rainier.

Dr. E. E. Straw, of Marshfield, has invented a new instrument for use in removing tonsils.

Dr. Chas. H. Upton, of Tillamook, spent a short time visiting at La Grande last month.

Dr. J. H. Hudson, of Arlington, has returned from Pomona, Cal., where he has located his family.

Dr. and Mrs. W. A. Trimble, of Albany, have returned from a two month's trip to California.

Dr. W. S. Jones, of Medford, has been appointed County Physician at a salary of $240 per annum.

Dr. and Mrs. A. W. Kime, of Cottage Grove, were "surprised" at their recent wedding anniversary.

Dr. G. E. Stuart and wife, of North Yamhill, spent the Fourth of July with their son at Oregon City.

Dr. Wm. L. Parker, of Baker City, was called to La Grande in consultation with Dr. Law last month.

Dr. J. A. Best, of Pendleton, has large holdings at Klamath Falls, and

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was there recently looking after them.

Dr. E. H. Brown and family, of Forest Grove, spent several weeks in Newport during the hot weather.

Dr. C. W. Tower and family, of Marshfield, are domiciled in their summer home on the Coos river.

Dr. J. O. Van Winkle, late of Wendling, has secured good offices at Cottage Grove, where he is now located.

Dr. C. P. Thomas, of Spokane, was a prominent figure at the meeting of the medical society at Hot Lake last month.

Dr. and Mrs. W. L. Cheshire, of Eugene, had a Fourth of July entertainment at their house for a number of friends.

Dr. F. Moormeister, of La Grande, was in Pendleton last month on business. He is talking of moving to Salt Lake.

Dr. C. A. Stuart and a party of friends, of Oregon City, went last month to the headwaters of Eagle Creek for an outing.

Dr. Ralph Matson, of Portland, who has been working with Dr. Nuttall in London, left England on his return home on the 1st inst.

Dr. and Mrs. R. D. Cashatt, of Weston, have returned from their trip East. The Doctor took a post-graduate course in New York.

Dr. W. L. Cheshire, of Eugene, has a hopyard which he will irrigate, the motive power being a gasoline engine working on a centrifugal pump.

Dr. A. E. Rockey, of Portland, had a pleasant call on Dr. Richardson of La Grande early last month, when on his way back from the meeting at Hot Lake.

Dr. Archie K. Higgs, of Heppner, has been having a fine time in Europe, judging from letters that he has been writing to his friends. He went as far east as Vienna.

Dr. J. W. Ingram, of Marshfield, who recently made a trip to Portland on the boat, reports that he does not believe there is any such thing as a preventive of seasickness.

Dr. Wall, of Eugene, recently received a letter from Dr. Prentice, from Dublin. Dr. Prentice reports that he was then going to London, where he would put in some time in the hospitals.

Dr. Wheeler resigned as City Health Officer of Portland, and Dr. Esther C. Pohl was appointed in his place. Dr. Pohl has for some time been an efficient member of the City Board of Health.

Dr. Harry McKay, of Portland, has just returned from an eastern trip. He has been in Boston, New York and Philadelphia. In the last named city he did some hospital work in his specialty.

Dr. W. A. Trimble, of Albany, has sold his practice to Dr. H. J. Kavanaugh, of Portland. Dr. and Mrs. Trimble will take a short rest, and then go East, where the doctor will put in six months or a year in post-graduate work.

Washington.

Dr. E. R. Mohrman, of Arlington, was a visitor in Everett recently.

Dr. J. J. Smith, of Enumclaw, has returned from his Eastern trip.

Dr. Zener and wife, of La Center, were visitors in Woodland last month.

Dr. B. L. Baker, of Everett, spent a month's vacation at Monte Cristo.

Dr. H. A. Saunders, of Wenatchee, has been purchasing some real estate.

Dr. John M. Sheets, of Buckley, was in Tacoma recently.

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Dr. S. M. Kelly, of Bellingham, was a recent visitor to Maples Falls.

Dr. W. B. Wells, of Hoquiam, was a Portland visitor last month.

Dr. and Mrs. B. L. Baker, of Everett, spent two weeks at Monte Cristo.

Dr. M. B. Mattice and son, of Sedro Woolley, were in Anacortes last month.

Dr. and Mrs. J. R. Hathaway, of Everett, spent a few days last month at Madison Hot Springs.

Dr. Frank E. Burroughs, of Ritzville, was in Lind on a visit last month.

Dr. D. A. Gove, of Orting, was transacting business in Seattle last month.

Dr. and Mrs. L. L. Stephens, of Monroe, have returned from a camping trip in the Sultan Basin.

Dr. Solomon R. Boynton and family of Bellingham, went camping during the heated term at Silver Lake.

Dr. J. H. McDonald, of Puyallup, has been camping this summer at Yuppulla.

Dr. A. S. Austin, of Aberdeen, is laragely interested in some new cement works in Skagit County.

Dr. John Nywening, of North Yakima, suffered seriously last month from blood poisoning.

Dr. Jas. H. McDonald, of Puyallup, and family, went into camp at Lake Bay during the warm season.

Dr. and Mrs. F. L. Carr, of Hoquiam, were visitors at Rosalie last month.

Dr. H. S. Strickland, of Olympia, was a visitor up the Sound last month.

Dr. Ella J. Fifield, of Tacoma, and daughter, left early last month for New York.

Dr. John Newcomb and daughter, of Everett, spent several days in Seattle last month.

Dr. Stephen D. Brazeau, of Asotin, was recently appointed a member of the local school board.

Dr. E. O. Houda, of Centralia, has moved his office to more commodious quarters.

Dr. Geo. T. Boyd, of Palouse, was laid low with an attack of appendicitis, and was removed to the Gritman hospital at Moscow, Idaho.

Dr. Douglas McIntyre, of St. Johns, has returned from a trip to the Jamestown exposition. Mrs. McIntyre will remain in the East till cooler weather comes.

Dr. G. H. Dow and family, of Chehalis, with some friends, formed an automobile party of thirty who went to Olympia recently. They had a pleasant time.

Dr. and Mrs. D. E. McGillivray, of Port Angeles, are spending three months on a trip through Canada and the Eastern states. They will return by way of California.

Idaho.

Dr. J. K. Clark, of Weiser, was in Koosia last month on a visit.

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MEDICAL SENTINEL

SEPTEMBER
1907

Volume XV **Number 9**

Notes

The Idaho State Medical Society meets at Boise October 3-4.

An Emergency Hospital is one of the crying needs at Butte.

The people of Boise are very much gratified at the report of the condition of the city water, a sample of which was sent to Chicago for analysis. It is of high quality, according to the report of the analyst.

Some of the physicians in Lane county are charged with neglecting to report, as promptly as required by law, births and deaths that come within their practice. Prosecutions are talked of for neglecting compliance with the law.

It is apparent that the campaign which the physicians have waged against the life insurance companies who cut the examination fee from $5 to $3, has borne fruit, and some of the chief and largest offenders have restored the former price.

An outbreak of typhoid is feared at Spokane, where a large number of people are compelled to drink water that is not pure. The season is just at hand, the doctors say, when an epidemic is to be feared, because of the low condition of the springs.

Complaint is made in Washington County, Oregon, that many of the physicians there do not comply with the law in the matter of reporting

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births and deaths that come within their practice. Dr. W. D. Wood, of the County Board of Health, proposes hereafter to have the law complied with, or he says there will be prosecutions.

Dr. Sharples, of Washington, has inquired of the Attorney-General of his state whether or not the Board of Medical Examiners should examine, and admit to practice, aliens, under the same conditions as citizens. The question came up over the admission to practice in the state of a Japanese. The Attorney-General replies that under the laws of the state aliens must be treated like citizens in this matter.

Last month Dr. W. T. Givens, of Orifino, Idaho, made a pleasant call on his Portland friends. Dr. Givens is Superintendent of the Hospital for the Insane at Orifino. He has kept in close touch with the scientific side of psychiatry. He is up to date in the use of the microscope and of modern methods, and at the same time he is a thorough business man, and knows how to look after the business side of the care of the insane.

Dr. Andrew C. Smith Recovered.—The friends of Dr. Smith will be glad to know that he has recovered from the result of his recent injury, of which the papers gave vivid descriptions a short time ago. While he was in the hospital for some time, even there he was forced, while not yet really recovered, to do considerable surgical work, and his confreres in the city and elsewhere will be glad to know that the injury was not as serious as at first reported, although in his scrap with a bucking broncho and a broken saddle, things looked pretty serious for awhile.

A disease has appeared which the papers claim is a puzzle to the doctors of Spokane. Severe frontal headaches and severe abdominal pains are the symptoms. Some of the doctors express the opinion that the trouble comes from the water that is supplied to the citizens, while Dr. N. M. Baker, a member of the City Board of Health, expresses the belief that it is atmospheric. Dr. Baker says, however, everybody should boil the Spokane water before using it. Dr. Rhodehamel states that "the water which the people of Spokane are compelled to drink is in a terrible condition."

Legislatures in the far West might profit from a study of a law recently enacted in New York, which makes it a penal offense to subsitute

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one drug for another, in preparing prescriptions or filling an order. A prescription must be filled as written by the physician. What will happen in a country district, where the exact drug ordered is not in stock, and is not obtainable, whereas something else may be on hand which is equally as good, and known to be so by the druggist, is not stated. Generally, however, in remote localities the physician knows where the prescription will be filled, and he must take into account the stock of the druggist when making up his prescription.

Dr. Woods Hutchinson, our old friend and co-worker, has written another article for McClure's Magazine, on foods, and it is even more sensational than his last one. The general impression of the lay reader will be that he condemns almost all foods except wheat products, beef, mutton, eggs and milk. Fruits of nearly all kinds are condemned for their poisonous qualities, apples are dangerous, bananas should be sparingly consumed, and beans especially, while rich in some excellent qualities, are unwholesome as a steady diet, as is well known by the Boston stomach, which will only take them once a week. Dr. Hutchinson has the faculty of writing forcefully, and on subjects that appeal to the laity.

Dr. Josephi's Return.—The very interesting sketch given in this issue of the Medical Sentinel of Dr. Josephi's trip abroad, will serve to whet the appetite of many a physician for a similar trip. Nobody was better prepared to enjoy such a vacation than Dr. Josephi. A large percentage of the tourists to the countries that the doctor visited, go through with their eyes partially shut. They are but little better for their journey. They plunge into the mysteries of rouge et noir at Monte Carlo; play the wheel at Interlaken; tread the broad paths of Ostend; study fast life from the boulevards of Paris and in an automobile in the Bois du Bologne, but the beauties of nature, the glorious works of antiquity, the best things that Europe has to offer, make but slight impression upon them. Dr. Josephi was a traveler of a different type, and both he and his Portland associates will be the better for his trip.

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Editorial Notes

Laws Relating to Drugs.—The druggists of North Dakota have scored without stint the laws passed by their legislature, restricting them in selling certain drugs over their counters. All the laws that have been enacted by the national congress and by such states as North Dakota relating to pure foods and cognate subjects have been in the direction of securing for the public a square deal. It ill becomes the druggists, singly or collectively, to antagonize all well directed movements in this direction. The habit of substitution, and of pushing patent medicines that are positively fraudulent on their face, is not legitimate business, and the sooner druggists of the country learn this, and decide to abandon it, the better. There is enough money in their business, when competition is not too ruinous, for them, even when they obey the laws that are being enacted in the different states. There is reform in the air, and it is just as well for the world to realize it, and adjust itself to changing conditions. It would be a sad commentary on the missionary and religious movements that have been going on for centuries if at some time in the history of the world there was not moral progress to be noted. Certainly progress is fully due, and it is gratifying to see that it is coming in drug circles, despite the despondent song of some of the druggists' organizations over the country.

Who Owns the Prescription?—Some discussions are not much worth while. That, for instance, as to who owns the prescription—the physician who wrote it, the patient who paid for it or the druggist who filled it. The last named person had it last, and usually keeps it. But if the druggist on this corner is notified by the patient that he must give it up when he has filled it, the request will usually be complied with, rather than lose the chance of selling the medicines called for. Nine times out of ten the customer walks out of the drug store with the medicine, caring nothing for the prescription, knowing that he can have it refilled if he wants it. But the occasion does arise sometimes when he may want the paper written by the physician, and the druggist will usually give it up, provided he has not already received the money for the prescription, or provided it is a regular customer who makes the demand. The druggist, if he is a careful man, will, of course, make a copy of the prescription, if he feels himself compelled to give up the original, and he will be carefuly to make the copy exact. Then, whatever may arise, his copy will stand in the absence of the original. The entire discussion is futile, anyhow. It seldom happens that prescriptions are filled more than once, or, if they are, the customer is perfectly willing to go to the same druggist a second time, for he has confidence in him, or he would not have gone to him first. So it would seem that the prescription really belongs to the patient who pays for it, but invariably he is willing that the druggist should have it for safe-keeping. The physician who gave it does not desire to retain ownership therein. He very rarely asserts such ownership. He is interested in the welfare of the patient to the extent that he does not wish to have it refilled unless such refilling would be to the patient's advantage.

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Prescribing Proprietaries.—It is easy for writers for the medical press, and orators at medical society meetings who believe that they know a better way than the ordinary, to denounce nearly all proprietary medicines, and insist that prescriptions should be prepared without recognizing these compounds. Because the advertising of a manufacturer does not please the physician in some slight particular, he is induced by these writers to give the business to the retail pharmacist. One physician tells how he was in the habit of prescribing a proprietary which he liked, but as soon as it stepped over what he regarded as the bounds in advertising, he prescribed a preparation of a formula as closely as possible to the original. It was not better, surely. The pharmacist put it up very nicely, but he charged a dollar and a half for a bottle the size of an original selling for fifty cents. Then came an emulsion of codliver oil. He prescribed a pint, in accordance with a formula printed on the label of a proprietary, and the druggist charged four dollars for the same quantity the manufacturer sold for a dollar. What does the physician owe to his patient? Certainly not to turn him over to the tender mercies of such druggists. The physician being quoted from says it is an open question whether any pharmacist can and will prepare an article of equal excellence, uniformly, as the large manufacturer, at no higher price. If he does, all else being equal, our neighbor should have the preference over the distant firm. If not, he can scarcely expect for the sake of an idea to mulct the patient for the benefit of the local pharmacist. This is a very timely question for the practicing physician to consider when he is urged to avoid all preparations which may not have been passed upon or approved by the Board of Pharmacy and Chemistry of the A. M. A.

Medical Journalism in Oregon.—An esteemed and good-natured contemporary states that at the late meeting of the Oregon State Medical Society a motion to establish a state medical journal was "voted down." In order that the records may be kept straight, it is proper to state that no such motion was made and that no member of the State Medical Society of Oregon made any remarks whatsoever in favor of such a departure. A visitor at the late meeting of the Oregon State Medical Society, not a member of the Oregon society but a member of the California society, a man who has recently located in Portland, upon motion of Dr. Henry Waldo Coe, was given an opportunity of addressing the society upon the subject. As no member of the State Society would offer a resolution for such a project, it did not even get so far as to be brought before the society. Of course the sentiment of the meeting was practically unanimous in opposition to such a move, as was manifested by the attitude of the society as before mentioned, and this may have been taken as evidence by our contemporary that "the motion was voted down."

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

THE PROFESSION AND THE PRESS

Members of the medical profession who desire to conduct their business in a conservative manner, free from criticism, regard it as being incompatible with honorable standing in the profession to "resort to public advertising or private cards, inviting the attention of persons affected with particular diseases; to promise radical cures; to publish cases or operations in the daily prints, or to suffer such publications to be made; to boast of cures or remedies; to adduce certificates of skill and success, or to employ any of the other methods of charlatans."

It has been the fashion during the past year for reputable newspapers to take a hand in the airing of methods of graft, indulged in by venal politicians, captains of industry, and their underlings. These criticisms go to the clamor for wealth—the struggle to take undue advantage by legal or illegal methods, of one's neighbor; to acquire for oneself by hook or crook, the means for the purchase of things that tend to place the owner above the common herd. Rebates on the railroads, rake-offs on bonds purchased by life insurance magnates. unlawful methods of handling the funds of widows and orphans—everything has been done by the grafters to feather their own nests. The newspapers have taken a hand in the exposures. It has made interesting reading, and has helped to sell papers. But these same papers have been loath to cleanse their columns of the advertising that has tended to bring fish to the net of the grafters of one sort and another. Fraud and deception are rampant in the advertising of men who guarantee to cure all the ills to which man is heir. No advertisement is too blatant for their columns, if the proper sized check accompanies the order. The editor or publisher is too careful of his own health or that of his family to permit any of the bogus medicine to enter his own household, and yet he deems it consistent with the ethics of the newspaper profession to admit delusive advertising to his columns. He says that the reader is a free agent; that the truth

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of the advertisements is not guaranteed. In fact, some of the most aggressive newspapers in the line of exposing grafters, will accept the most extreme statements from charlatans who are seeking the dollars of the suffering public, and promising the most extravagant and impossible results.

The problem of how to reach the local newspaper, and get it into line with enlightened thought of the day, in the matter of advertising harmful nostrums and charlatanry, is ever present. It is largely a local question, and must be dealt with by the profession in each individual bailiwick. The newspaper publisher will tell you that he must have money with which to run his business; he needs the money that is paid him by these questionable advertisers. He will say that his labor of brain and hand is not adequately paid anyhow; that if he were to devote the same energy and talent to almost any other line of business in a community, he would make ten dollars where he now makes one. While he admires the profession of the ministry, which is woefully underpaid, he feels that if he adopts the code of ethics that prevails in the pulpit, he would become bankrupt.

When public sentiment gets properly aroused, and guided, it results in the passage of laws by the state legislatures, which require the manufacturers of nostrums to give the formula on the bottle. It makes it an offense for a newspaper to publish advertisements of preparations that do not give such a formula. This is a forcible and advanced way of reaching the press, but the states that have advanced to that stage are few and far between. And yet there is reform in this direction. The spread of a righteous public sentiment; the presentation of arguments to the newspapers, showing them that the money derived from advertising charlatanry and noxious compounds is not worthy of the profession; the passage of proper laws governing the subject, all tend in the right direction. The task before the profession in the line indicated is herculean, we admit: but there is no royal or easy road to the desired end—the maintenance in the columns of the press, advertising and reading, of a high standard, free from the announcements of charlatans and harmful compounds, sold to the ignorant as mighty cure-alls of human ills.

THE BUSINESS SIDE

There is a very practical business side to the practice of medicine, and one of our esteemed contemporaries, the Medical Council of Philadelphia, frequently devotes a few pages to the subject. The ethics of the profession receive due notice in all our medical contemporaries; also the question as to whether or not physicians shall prescribe preparations that some committee has either condemned, or failed to approve. After all these subjects have been dealt with, there comes up the practical question as to whether or not the doctor shall change his location; and the other question as to how he shall invest his surplus earnings. In reading over various articles on these sub-

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jects, one sees the force of the statement made by one man, that there is as much pleasure in working up a new practice as in holding an old one. Without going into the matter for and against, we may mention a condition that has a decidedly local application. There are many physicians in the middle and eastern states who have worn out the climate in which they reside. There is too much rigor in the winter; too much heat in the summer. Many of them turn with longing eyes to the Pacific coast states, and rightly believe that life in any of them is decidedly worth the living. Those of us who reside here are prone to take our climatic advantages as a matter of course, little thinking of the thousands of worthy men who have had their lots cast by fate under climatic conditions that are decidedly unpleasant. They say that the Esquimaux love their eternal snow, and the diet of whale blubber that they eat for breakfast, dinner and supper, is to them a delicacy, without which they would be miserable. But enlightened human beings, who have had advantages of the public schools, are not happy under any conditions that are rigid to the human family. These long for something better, and they would never again hanker after long, cold winters, with blizzard accompaniments, if they were once to be removed therefrom.

It is true that in considering this subject of changing location, the state examinations cut some little figure. The carpenter, or even the lawyer, can easily move from one state to another. But the physician does not find it as easy. There is an examination which some old practitioners find it harder to pass than does the student with practically no experience, who has just passed through a medical college. We will not discuss this reciprocity proposition here. In closing these suggestions, we may quote from an "Old Doctor," in whose remarks there is no little pathos. This doctor has moved several times in his life, and is now in California.

"I wish there was an exchange system adopted by physicians. A physician in North Dakota, growing old, could exchange with a vigorous young man in Texas and both be better off, and in that way the young man could don felt boots, fur overcoats and buck snowdrifts and the old men go South, as I have done after thirty-five years in Illinois and Iowa, in summer heat, cyclones, blizzards and mud.

"I want to say that orange and lemon orchards, snow forty miles away on the mountains, the long roll of the sea but a short distance —all look mighty good to the old man. You ask about my next move?

"'Sunset and evening star
And one clear call for me;
And let there be no moaning of the bar
When I put out to sea.'"

A CALL FOR ENTHUSIASM

The organs of our homeopathic friends are complaining bitterly because of the lack of interest that seems to be taken in the "application and truth of the law which we claim to believe in" by those

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who are able to write upon the subject. The official organ of the state of Illinois is unable to secure one available article a month that will do duty as indicated within the above quotation marks; and a St. Louis homeopathic journal is almost in as sorry a plight. The question is asked—what is the matter? Are the members of the school too busy practicing, or have they lost interest? There is a good deal of human nature in homeopathic physicians as well as in others, and some of our contemporaries that are not preaching the homeopathic doctrine have the same complaint to make as that made by the Illinois organ of homeopathy. We have in mind a medical contemporary published in a thickly populated region in New England, where some of the ablest members of the profession reside, which is filled every month with selected articles, taken from its contemporaries. Rarely does it publish an original article, produced within its own particular field. Perhaps this is due to the lack of effort on the part of the editor; surely it cannot be that articles are not written, and read before local societies which meet within the territory of the magazine referred to. There are always, presumably, in the neighborhood of every periodical, men who desire to hinder it in its efforts to represent the local profession. Jealousies arise, and it is not uncommon for these persons to endeavor to prevent a medical journal from procuring the papers that should be published in its pages. They will spring on a society meeting some such scheme as a society journal or a publication of the papers in book form, regardless of the fact that any such project will seriously restrict the circulation of the papers that are thus sought to be buried. If the publishers of local journals are willing to stand by and see these schemes worked, the result often is such as we witness in the case of our excellent New England contemporary which fills its pages with clipped articles. Perhaps our homeopathic and old school contemporaries that are bewailing lack of interest, should put a little youthful enthusiasm into their work, and go into the highways and hedges, and compel them to come in.

ADVANCES IN ALABAMA

Either our friend Dr. McCormack of Kentucky has been at work in Alabama, or somebody else who is prolific in legislative ideas, and possessing an indomitable capacity for work. The legislature of Alabama has certainly done some excellent things in the line of medical legislation. It has straightened up some kinks in its laws as, for example, when it did away with county medical examining boards and delegated the power to a state board. That was a step in the right direction. It also did well when it appropriated $40,000 for a state sanatorium for tuberculosis, and $10,000 a year for its maintenance. It has decided to pay its health officers better salaries, and has increased the appropriation for the state board of health from $4000 to $15,000. It has certainly set an example to richer states that is worthy of emulation.

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THE USE OF DIPTHERITIC ANTITOXIN IN THE TREATMENT OF HAY FEVER AND ASTHMA

By J. A. REUTER, M. D.
The Dalles

Read before the Oregon State Medical Association, July 12, 1907

It is not our object to discuss extensively in this paper the history, etiology and pathology of asthma and hay fever, but to give the results of our experience from this serum treatment.

For the past two and a half years we have been interested in the results of antitoxin treatment of hay fever and asthma. This report was delayed until we had a sufficient number of cases to form some definite conclusions.

Our attention was first called to the effect of antitoxin in this disease by a physician's brief mention of the results from an immunizing dose given to an asthmatic exposed to diphtheria. The attack was relieved and the physician wished to know if there had been any further experience along this line.

Having an obstinate case of asthma under treatment at this time, we proceeded to administer antitoxin and were astonished by the relief it afforded.

Before going further, it is necessary to refer briefly to the etiological factors of this disease and classify the cases in which it may be used with success.

Although the ultimate cause of asthma is unknown, certain predisposing conditions are recognized.

Salter states heredity is to be traced in forty per cent of all cases. Neurotic temperament seems to favor it; also rheumatic and gouty diathesis, and it is common to all ages.

An asthmatic attack may follow inhalation of dust, smoke, fog, odors from plants, pollen, etc. Bronchitis is the most frequent exciting cause of asthma.

Different patients are affected each in his own peculiar way. One by the presence in the atmosphere of one substance or condition, another by one totally different.

Irritation of the upper air passages or by such deformities as septal deflection, exostosis, nasal polypi, etc.

Cases occur in which the most careful examination fails to find any predisposing or exciting cause.

Organic diseases, such as diseases of the heart, lungs, kidneys, etc., abdominal tumors, hypertrophied thyroid, aneurism, and other tumors. In these conditions asthma or dyspnoea is merely a symptom.

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The class of cases most favorable to antitoxin treatment are hay fever and bronchial asthma.

Experience has demonstrated that organic diseases having asthma or dyspnoea as a symptom are only temporarily relieved by this treatment. To get permanent relief in these cases, the underlying cause must first be removed. Where nasal polypi, septal irregularities and hypertrophied turbinated bodies are found, they should be removed or corrected and the antitoxin treatment administered where recovery is retarded.

Systemic Reaction and Untoward Effects.

Relaxation immediately follows the first injection in almost every instance; duration varies from a few hours to three or four days. Increased secretion of mucous in the air passages, deeper and slower respiration, vertigo, nausea, diarrhoea, arthritis, myalgia, general malaise and prostration may follow one or several doses. The temperature varies from normal to 104; eruption, sometimes very extensive, covers the entire body. Caution must be exercised in the use of antitoxin in heart lesions, especially myocarditis and valvular disease. Large doses may produce extreme collapse.

The following are a few of the cases treated by Dr. Ferguson and myself at The Dalles Hospital:

Case No. 1. Male, aged 47. Occupation, farmer. Family history, negative. Personal history, he has suffered for seventeen years from asthma. Etiology, dust from hay, frosty weather, effluvia from cattle and horses would cause acute exacerbations. Examination, general condition good; no organic disease. Diagnosis: bronchial asthma. Treatment: This patient had been under our care for a period of four years previous to this treatment. Almost every remedy recommended by the profession had been tried, with the usual failure. He was one of our first patients upon whom the antitoxin treatment was used. He came to our office with a severe paroxysm. We administered 1,500 units of antitoxin, which gave complete relief in five minutes. He returned in about a week with a slight attack; 2,000 units were injected, after which the patient was entirely relieved for one year, when he returned and stated that he did not have asthma but was afraid he would get it, and wanted another dose; 1,000 units were given him, and he has been entirely free since. Two and a half years have elapsed since the first dose was given.

Case No. 2. Male, aged 65. Occupation, farmer. Family history, good. Personal history, has suffered from asthma for fourteen years. Examination: Nasal polypi and hypertrophied inferior turbinated bones were probably the primary cause. Diagnosis: Bronchial asthma. Treatment: Polypi and hypertrophied turbinated bones removed and cauterized. Only partial relief following for a short time. Other remedies were used without favorable results. About one year after the operative work on the nose he returned and said he was worse than ever. Two thousand units of antitoxin were administered, followed by immediate relief. Two days following, a slight attack occurred. Administration of 2,000 units was repeated, and again fol-

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lowed by complete relief. The patient was asked to return in one week, or sooner if there was any recurrence. Two days after the second dose there occurred an extensive eruption, nausea, coated tongue, loss of appetite, myalgia and general malaise, temperature 102, pulse 100. These symptoms subsided in a few days, with complete relief from asthma. After eleven months he returned and said "he feared another attack and wanted some more of that medicine." A dose of 2,000 units was repeated and he has been free from all symptoms for two and a half years, having had but 2,000 units since the first course.

Case No. 3. Male, aged 40. Occupation, stockman. Family history: several members of his father's family had asthma. Personal history: had suffered from asthma for seven and one-half years. Etiology: hereditary predisposition, but changes in weather exciting cause. Examination of the nose revealed hypertrophied membrane on turbinated bones of both sides. All other organs apparently normal. Diagnosis, bronchial asthma. Treatment: turbinated bodies were cauterized and a month afterward no improvement had been made. 2,000 units of antitoxin were administered, but gave no relief. This was followed the next day by 2,000 units. His condition was aggravated by the second dose. On the sixth day his asthma was still unimproved, and we then administered 3,000 units, which gave immediate relief. He slept well the following night, and has not had asthma for two years.

Case No. 4. Male, aged 18. Occupation, laundryman. Family history: several members of his mother's family were asthmatics. Personal history: has had several attacks of asthma during the last year, and very severe attacks during the month preceding treatment. Etiology: hereditary predisposition. Examination: bronchitis, other organs apparently normal. Diagnosis: bronchial asthma. Treatment: One dose of 2,000 units was sufficient to produce a complete cure, and it is now over two years since treatment.

Case No. 5. Male, aged 14. Family history: good. Personal history: has suffered from asthma since he was two years of age, some attacks lasting as long as three months with scarcely any intermission. Etiology: dust from any source and sudden changes in the weather would produce an attack. Examination apparently normal in every way except rales and dyspnoea due to asthma. Diagnosis: bronchial asthma. Treatment: 2,000 units were administered every fourth day until five doses had been given. After a second dose he was unable to excite an attack by the means which had always produced them. As a matter of precaution, we gave him the other three doses, his home being at a great distance. He has not had any trouble since, and has been perfectly well for thirteen months.

Case No. 6. Male, aged 46. Occupation, farmer. Family history: negative. Personal history: asthma for ten years. Etiology: unknown. Examination; apart from the usual symptoms from asthma we found no abnormal conditions. Diagnosis: bronchial asthma. Treatment: 2,000 units modified attack. Followed this the next day

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with 3,000 units, which gave relief for three days. Return of symptoms on the fourth night. 3,000 units were given on the fifth day, which was followed by an extensive eruption, with temperature at 103, severe aches and pains, loss of appetite and considerable depression, but no symptoms of asthma remained, and was free for a month. After performing manual labor for ten days it suddenly returned in its most severe form. 21,000 units were administered within the next three weeks without any material benefit. This was our first failure. After repeated and exhaustive examinations no organic lesions could be found.

Case No. 7. Male. aged 70. Occupation, retired farmer. Family history: good. Personal history: had good health until six years ago, when he had his first paroxysm of asthma. Etiology: climatic. Examination: apparently well preserved man for 70 years. Emphysema and arterio-sclerosis. Diagnosis: asthma, emphysema and arterio-sclerosis. Treatment: 2,000 units were injected, which gave immediate relief. On the second day the symptoms returned in a mild form. 2,000 units were again administered. Six hours after the second dose, nausea, vomiting, abdominal pains and diarrhoea occurred. The following morning his temperature was 102½. This condition continued for about three days. On the sixth day another dose of 2,000 units were administered, followed in a few hours by nausea, diarrhoea, etc. One week later the same dose was given, with the same results. We were, therefore, unable to continue the treatment of this case, although a great deal of benefit was derived from the anti-toxin, and had it not been for those untoward symptoms we feel confident that a cure would have been accomplished.

Case No. 8. Female, aged 40. Occupation, housewife. Family history, negative. Personal history: has suffered from asthma for sixteen years. Etiology: cardiac asthma. Diagnosis: severe case of asthma complicated with enlarged heart and mitral regurgitation and emphysema. Treatment: 3,000 units were administered during a paroxysm, followed immediately by feeling of anxiety and great depression, cyanosis, complete collapse, feeble pulse, 140 to 160, slow, shallow respiration which entirely ceased in five minutes. Artificial respiration and hypodermic stimulation were resorted to immediately. Patient made a slow recovery. Five hours of constant attention was necessary before she could be left in the hands of a competent nurse. The third day she was able to leave her bed. Asthmatic condition much improved, but she refused to take further serum treatment. What occurred in this case: paralysis of respiration and acute dilatation of the heart.

Case No. 9. Male, aged 45. Occupation, attorney-at-law. Family history, negative. Personal history: had been troubled for several years with hay fever, which often confined him to his house for two or three weeks. On examination we found lachrymation, congestion of eyes and mucous membrane of the nose. Complained of severe pain in eyes and nose. Etiology: it was impossible to find any direct cause, for an attack might occur at any season of the year and in any climate. Diagnosis: hay fever. Treatment: He first consulted us on the second day of an

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attack. 2,000 units were immediately given and in five minutes his symptoms began to subside and in twenty minutes he was entirely free from all symptoms and remained so for one year, when he again came in and stated that he anticipated an attack of hay fever. 2,000 units were injected and fourteen months have elapsed since treatment with no recurrence.

Case No. 10. Female, aged 28. Occupation, housewife. Family history, negative. Personal history: repeated attacks of hay fever for two years, the last attack being more severe than any previous one. Etiology: Due to odors of certain plants and steam from vegetables. Examination: Mucous membrane of the eyes very congested and swollen, coryza, etc. Treatment: 2,000 units were administered and immediate relief followed. Four hours later no symptoms remained. Ten months have elapsed without a recurrence.

We cite the foregoing cases in detail to show the different types of the disease and their distinctive features, also the results of treatment in each case as observed by us.

PROGNOSIS AND TREATMENT.

Of our sixty cases, forty-one show no symptoms of hay fever or asthma. Some of these have hardly had time to demonstrate the results of the treatment, as the period of time has been two and one-half years to one month. Of the remaining nineteen cases, fifteen were caused by constitutional disease, interstitial nephritis, myocarditis, valvular disease of the heart, cirrhosis of the liver, and tuberculosis. In the remaining four cases only temporary benefit was obtained. In the latter we failed to find any organic disease, and do not know why they did not respond to the antitoxin treatment.

Our method of treatment has been to inject into the subcutaneous tissue of the arm, abdomen or back, 2,000 to 3,000 units of diphtheritic antitoxin. Mulford's preparation has been used in the majority of our cases.

We have used both the diphtheritic antitoxin serum and diphtheritic antitoxin from which the serum has been removed; in other words, what is called globulin antitoxin, both with equally good results.

Owing to the serious collapse in one of our patients from 3,000 units, we deem it best to begin with 2,000 units and increase the second dose if there is no reaction or untoward effects from the first dose. If immediate relief is afforded from the first dose, wait for a recurrence of the symptoms, when a larger dose should be administered and repeated every day until a reaction occurs. It is well to watch the patient until the reaction has subsided and, if necessary, repeat the above course. In those cases where an external irritant, such as dust, pollen, etc., excite an attack, we give the antitoxin until such irritant will no longer produce a paroxysm, being careful always to wait until the reaction of the former dose has subsided.

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THE NAUHEIM BATHS IN THE TREATMENT OF DISEASES OF THE HEART

Indications and Contra-Indications for Their Use

By ED. E. MAXEY, M. D.
Boise, Idaho

Read before the Eastern Oregon District Medical Society, at Hot Lake, July 2, 1907

The Nauheim treatment of diseases of the heart has not received as much attention in this country as it has in Europe, though it seems to be growing in popularity even here. For several years, large numbers of the well-to-do class of Americans and Englishmen have been making pilgrimages to Germany to visit the little resort known as Bad Nauheim, where the employment of this method was first introduced in the treatment of heart affections. Patients of moderate means, however, cannot afford the expense of this trip, and must either forego this treatment altogether or content themselves with the use of artificially prepared waters. For the consolation of such it may be stated that ample experience all over the world, particularly in England, has shown that equally efficient results may be obtained by the artificial baths as at Nauheim, the chief and perhaps striking difference consists in the more powerful effervescence of the natural waters. Another advantage in favor of the waters at Bad Nauheim lies in the consideration that when a patient goes to Germany he leaves his cares behind him, and while there abandons himself to the one purpose of getting well. This advantage may, however, be more apparent than real, as owing to the immense number of invalids who frequent this place, patients are apt to miss the watchful care and oversight which many of them require and would receive at home.

Before considering the use of the Nauheim baths, it is necessary to have a clear conception of what they are and the methods or principles by which they do good. As you probably know, the treatment of chronic heart disease carried out by the Schott Brothers at Nauheim, Germany, consists of bathing in natural effervescing baths and in connection therewith making use of graduated exercises and movements. These movements are so-called resistance movements, the patient slowly flexing and extending his limbs and neck against gentle resistance on the part of an attendant, and, as a rule, these exercises or movements are used some hours prior to or after the bath. It is claimed for these movements that the circulation of the blood and lymph in the tissues is accelerated without tiring the heart, so that the resistance exercises are probably of equal importance as the baths.

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The cardinal rules laid down by Schott for carrying out this part of the treatment are as follows:

1. The exercises should be performed slowly, steadily and without exertion.
2. The movements should never be performed twice in succession.
3. Each movement should exercise a different group of muscles.
4. The patient should rest after each exercise.
5. The pulse and breathing should be constantly controlled by the physician.

He advises that the exercises be performed for about half an hour in the morning and for twenty minutes in the afternoon, including pauses. If symptoms of stasis or stenocardiac attacks appear, the exercises must be stopped.

The waters of Bad Nauheim are impregnated with various chloride salts, the two to which particular virtue is attributed in their effect on the circulation being the chloride of sodium and the chloride of calcium. In addition, the springs used for the preparation of the baths are highly charged with carbonic acid gas, which makes them very stimulating, especially when used in the form of the flowing bath —that is, with a steady stream of effervescing water flowing over the body of the bather in the tub. This particular bath, however, is comparatively rarely prescribed, being considered too exhilarating for any except those in fairly robust health.

In the employment of these baths, it is the rule to begin with water of a temperature of 93 to 95 degrees F., according to the ability of the patient to react, and with water containing 1 per cent of sodium chloride and one-tenth per cent of calcium chloride, but no carbonic acid gas, this latter being added at the end of the second week of treatment, or when, by a gradual reduction, a temperature of 91 to 90 degrees F. has been reached.

The duration of the first bath is from five to eight minutes, depending on the strength and reaction of the individual. One treatment is taken daily for two or three successive days, and then should come a day of rest. This is to prevent undue depression, as is likely to be experienced when no interruption in the course of the treatment occurs. After each bath the patient is carefully dried by an attendant and required to rest, by preference in the recumbent position, and if reaction is not good and prompt a warm drink of some kind is recommended and the patient covered up warmly.

The patient must always be impressed with the importance of living as quiet and routine a life as possible, and in particular to strenuously avoid undue cardiac strain that he may not destroy the benefit expected to be derived from the treatment.

During the course of the treatment the percentage of the ingredients are gradually increased, the temperature lowered, and the duration lengthened until finally the chloride of sodium reaches three per cent, the chloride of calcium one per cent, the temperature 87 or 85 degrees F., and the time twenty minutes. The rapidity with which this change

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can be effected depends upon the degree of objective and subjective improvement observed, but as a rule this maximum is not attained under three or perhaps four weeks. In the more serious cases, or such as exhibit considerable anemia and sluggish reaction, it is not always wise to bring the temperature below 89 or 90 degrees F., although the maximum in strength and duration may be the same as when lower temperatures are prescribed. It is not well to reduce the temperature more than a degree at a time, and whenever this is done the proportions of the salts should usually be increased.

As stated before, the effervescing baths are usually ordered at the end of ten days to two weeks, or when the higher percentages of salts have been reached; but if the patient is inclined to chilliness at a temperature that ought to produce at least a tolerable feeling of warmth, or if after the bath the extremities are cold and the skin does not get into good glow, it may be well to add the gas at an earlier period. The warmer saline baths are considered soothing, while the cooler effervescing ones are stimulating.

The artificial Nauheim baths may be conveniently prepared by using the following formulae, in each case the amounts given are for a bath of 40 gallons, and the numbers of the baths simply indicate the different strengths:

Bath No. 1—Sodium chloride, 4 pounds;
Calcium chloride, 6 ounces.

Bath No. 2—Sodium chloride, 5 pounds;
Calcium chloride, 8 ounces;

Bath No. 3—Sodium chloride, 6 pounds;
Calcium chloride, 10 ounces.

Bath No. 4—Sodium chloride, 7 pounds;
Calcium chloride, 10 ounces;
Sodium bicarbonate, ½ pound;
Hydrochloric acid (25 per cent), 12 ounces.

Bath No. 5—Sodium chloride, 9 pounds;
Calcium chloride, 11 ounces;
Sodium bicarbonate, 1 pound;
Hydrochloric acid (25 per cent), 20 ounces.

Bath No. 6—Sodium chloride, 11 pounds;
Calcium chloride, 12 ounces.
Sodium bicarbonate, 2 pounds;
Hydrochloric acid (25 per cent), 3 pounds.

In each case the sodium chloride and the calcium chloride are dissolved in 40 gallons of water, the temperature of which has been regulated to the required degree, then the sodium bicarbonate is added and thoroughly distributed throughout the bath, and lastly a bottle containing the hydrochloric acid is submerged at the bottom of the tub, uncorked, and its contents allowed to escape slowly into the water, in which effervescence at once occurs, the patient entering the bath at that time.

Recently Tyson has used a series of perforated iron tubes placed upon the bottom of a wooden tub under a wooden rack. These

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tubes are connected to a large cylinder of carbonic acid gas which is allowed to bubble through the water, thus supplanting the crude method of producing the gas by the bicarbonate of sodium and hydrochloric acid.

The direct effect of each treatment should be to render the pulse slower, of better quality, and more regular if previously irregular. The area of deep-seated cardiac dullness diminishes and the heart sounds grow stronger. Endocardial murmurs intensified by dilatation may become less loud, or if weak from cardiac asthenia, may after the bath be found to be more intense. The degree of benefit is to be determined chiefly by the size of the heart and by the character of its action. As a rule also the patient is conscious of a sense of well-being, of some lessening of whatever symptoms have annoyed him. It is claimed that if the treatment has been judiciously ordered and overseen, the heart is found to gain in strength week by week, visceral congestions, particularly that of the liver, diminish, as evinced by increased diuresis, the color of the skin grows more like that of health, and the patient gradually gains in vigor and ability to exercise without discomfort.

Just how this balneological treatment brings about improvement is, I believe, still a matter of speculation and discussion. Schott explains it on the hypothesis of increased tissue change together with a reflex stimulation of the heart which causes its slower and more powerful contractions, and with a physiological stimulation of the arterioles and capillaries by the passage of the gas and salts through the skin. By others, particularly Broadbent, the beneficial action of the baths to dilatation of the cutaneous capillaries, in consequence the work of the left ventricle is lessened and the transfer of blood from the venous to the arterial system is promoted. The objection urged by some to this explanation is that the rate of the pulse should be increased rather than decreased, so that there must be some additional influence at work. Medicinalrat Groedel of Bad Nauheim says that "the incontestable success which our baths have on the heart's function and the entire circulation is only to be explained if we believe in a direct action by way of the end organs of the cutaneous nerves on the central vascular and cardiac nervous system, both trophic and motor." It may also be stated so far as the demonstrable effect of the two means of treatment, the resistance gymnastics and the baths, the results if not the action are identical in diminished size of the dilated heart and improved energy and steadiness of its contractions. Consequently it is customary at Bad Nauheim to have the patients receive both forms of treatment each day. Finally, it is their habit to send the patient away at the close of a course of baths for a rest of a month or six weeks, after which he returns for another course known as the after cure.

This treatment is indicated chiefly for feeble hearts, where there is cardiac dilatation without rupture of compensation, like that due to overwork or worry. It is also useful in cases of fatty infiltration of the heart (not fatty degeneration) accompanying general obesity,

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and in cardiac nervous and functional disorders dependent upon lack of vasomotor tone. In valvular disease with perfect compensation the treatment is not needed, and in these cases when the compensation is ruptured the treatment is dangerous, owing to the production of syncope.

The contra-indications to the employment of this treatment are: Advanced degeneration of the myocardium; aortic aneurism; pronounced and extensive arteriosclerosis; cases complicated by extensive mediastinopericardial adhesions; and those cases showing marked signs of cardiac inadequacy. Bronchial asthma, chronic bronchitis, and pulmonary tuberculosis, complicating cardiac disease would contra-indicate the use of this treatment. Chronic renal disease does not contra-indicate the treatment unless, of course, it has led to too pronounced a degree of cardiac incompetence; but on the contrary, many of these chronic renal cases are apparently much benefited by the Nauheim treatment.

In any case if the pulse does not grow of better quality after the bath, but, on the contrary, is observed to become less full and strong, the treatment will not be of any benefit and would better be discontinued. As with all other methods of treatment, this method has its limitations. The cases should be carefully selected and watched closely. If drugs are indicated, there is no objection to their use as a supplementary measure to this treatment. It is recommended that the diet be largely vegetable, with small amounts of meats, and that the patient keep the bowels freely open by the use of some mineral water.

In the compilation of this paper I have quoted freely from the writings of Babcock, Hare, Stevens and others, that I might give you a consensus of present knowledge and practice concerning this treatment, rather than try to advance any original thoughts or special experience on my part.

Plastic Radiography.

W. G. Stern and E. Rosenberg, Cleveland, Ohio (Journal A. M. A., August 31), describe a provisional modification of the method originated by a Hungarian physician, Bela Alexander, of producing X-ray photographs giving relief effects with shadows and high lights. They use two plates: First, a double-coated, specially prepared plate with a double exposure to two tubes, first a soft, then a hard tube. The first exposure is longest, and after the development a positive plate is made; the two are fastened back to back and prints made from the positive, on bromid paper with artificial light furnishing parallel rays striking the plate at an oblique angle. They do not attempt to explain how the plastic effect is produced by this procedure. The article is a preliminary one, and particulars are promised in a future paper.

The injection into a ganglion of the wrist of phenol-camphor, two to ten minims, according to the size, and repeated once or twice if necessary, will cause its complete disappearance in most cases. No attempt at preliminary aspiration need be made.—American Journal of Surgery.

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TREATMENT OF CHRONIC COLITIS BY WEIR'S APPENDICOSTOMY

By A. E. ROCKEY, M. D.
Portland, Oregon

Read before the Eastern Oregon District Medical Society, at Hot Lake, July 2, 1907

The term colitis has acquired a new importance in recent years. In the indices of the older works it does not appear, and the Gould & Pile dictionary of ten years ago dismisses it with the belittling note "See dysentery."

In the medical journals of the past five years, however, hundreds of articles may be found in which this word is used. The comprehensive significance of the term justifies its present use. By it we give clinical designation to the terminal results of a variety of basic pathologic conditions.

In this article we will refer chiefly to two forms: the chronic mucous colitis, characterized by persistent or recurrent diarrhoea, sometimes alternating with constipation, with abundance of mucous in the stools and the occasional throwing off of stringy or mucous casts, and the chronic diarrhoea or dysentery which follow ordinary acute dysentery or that of the amoebic form.

By far the most extensive and thorough work on diarrhoeal disorders is Part Second of the Medical & Surgical History of the Rebellion by Surgeon Joseph J. Woodward. Although this was published in 1879, the description of the gross and microscopic pathology, the magnificence and abundance of illustrations, the extensive compilation of references to former publications, remains unequaled to this day. To it, however, may be added the important researches on amoebic dysentery made in more recent times. In the recent edition of Osler's work, published in 1895, is a short article on mucous colitis and ulcerative colitis. He attaches little importance to the value of internal medicine. The diagnosis is usually easily made by observing the character and frequency of the stools. Colitis has, however, been mistaken for appendicitis in two cases that have come under my own observation. In one a consultation of physicians decided that a woman of 55 who complained frequently of abdominal pain had chronic appendicitis and recommended operation. I found a history of recurrent diarrhoea extending over a period of twenty-five years. She was cured by castor oil. The other case had a similar history as to diarrhoea, but had more marked pains in the iliac region, and a few attacks of fever and once a chill, with temperature of 103. It was at this time that he came to me for operation for appendicitis. The castor oil treatment improved

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him very much, but as there was some continuance of the symptoms Weir's appendicostomy was performed and a complete cure obtained.

It is not the purpose of this paper to enter extensively into the pathology of the various conditions included under this term, but rather to call attention prominently to the fact that the disorders have been remarkably resistent to medical treatment, and that in recent times surgical treatment has opened a new and important method of cure.

The persistence of chronic diarrhoea is noted by Woodward, who quotes the records of the Pension Department in 1871, stating that at the time there were on the pension rolls 2935 persons suffering from chronic diarrhoea, none of which had been of shorter duration than six years, but the majority of them of longer standing. Fourteen years later, a personal experience of a term of four years as Pension Examiner brought to my notice many cases of chronic diarrhoea, both in new applications and in those for increase of pension. It is my belief that the figures quoted by Woodward in 1871 were much increased in subsequent years, and that a considerable portion of pensions granted were for chronic diarrhoeal disorders. In civil life it is a common experience to find persons who have had recurrent diarrhoeas or alternating diarrhoea and constipation, extending over a considerable period of years, that have resisted ordinary methods of medication.

Before passing to the consideration of the surgical treatment, I desire, however, to add my testimony to the efficiency of one remedy which I believe has, in recent times at least, been neglected; and that is, treatment by systematic doses of castor oil. Woodward says, on page 709 of his work, that the government purchased over one million quarts of castor oil during the four years of the civil war. He discusses this treatment quite thoroughly, giving many references to medical literature, but fails to give it any very warm endorsement of his own. In the Lancet for October 28th, 1905, W. H. White gives an account of sixty cases of the muco membranous type seen by him. He recommends the use of castor oil as the principal method of cure. I have been able to cure a considerable number of cases of chronic mucous colitis by giving a daily morning dose of one ounce of castor oil for the first week, and then repeating the dose two or three times a week for several weeks longer, and finally diminishing it to one dose a week for a few months. Castor oil may be administered in palatable form by pouring into the foam of beer or any carbonated syrupy beverage. The effect of such a course in some instances is magical, but it will sometimes fail, and then recourse should be had to surgical treatment.

The same statement as to the efficiency in cure may be made in reference to rectal and colonic irritation by the varied short and long tubes with legions of medicaments that have been proposed and used successfully in some cases, but with failure in many. It is to cases of this type only that I have so far applied surgical treatment.

The almost universal testimony in favor of the results obtained by surgical methods, the ease with which the operations are performed, would, it seems to me, suggest that they be more speedily resorted to in the ordinary type of cases where a short course of medi-

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cal or local treatment by rectum failed to cure, than to reserve them too long for last resort methods.

The two important plans of surgical treatment are exclusive of the large intestine as practiced and recommended by von Beck, and colonic irrigation as prosposed by Gibson and done by his method or that of Weir.

B. von Beck, in the Arch. f. Klin. Chir., No. 1, 1904, reports observations on 500 cases. Excluding those due to diseases of the appendix, gall bladder, stomach and carcinoma, tuberculosis or actinomycosis, he found five cases in which he established an anastomosis between the lower end of the ilium and the sigmoid flexture, cutting out in this way almost the entire length of the large intestine.

Von Beck's description of the pathological conditions in those cases does not enable us to say that they might not have been successfully treated by colonic irrigation. Excepting malignant cases, it is unlikely that this method will be much resorted to in the future.

By far the most important method was the proposal of C. L. Gibson of New York, to form a valvular opening in the caecum by introducing a catheter and stitching the caecal wall over this with a double row of sutures, as is done in the Kader method of gastrostomy.

This operation was first carried out by P. R. Bolton, of New York, and described by him in a paper published in the Medical Record of March 16, 1901.

This method attracted a general attention, and was speedily used by surgeons, among them Weir, of New York. In the Medical Record of August 9th, 1902, he described his operation, which has since been extensively used, and to which the term appendicostomy has been applied. After the successful treatment of one patient by Gibson's operation, he had opened the abdomen to make a Kader-Gibson fistula in a second case, when the appendix arose so suggestively into view that he determined to employ it in making the desired fistula. The result of this inspiration was not only a speedy and easy cure of the patient, but the establishment of a method of treating chronic colitis which marks a new era in the cure of this disorder. At the meeting of the British Medical Association in July, 1905, Mr. C. B. Keetley read a paper on the appendicostomy of Robert Weir, and the Treatment of Colitis, in which he mentions its use also in syphilitic ulcerations of the bowels. In the discussion of the paper Dr. Howard Kelley feared that on account of the ease of the performance of this operation it was likely to be abused. While this is possible, as with all operations injudiciously and improperly done, it does not seem to have been the case with the eminent author of the operation. At the meeting of the British Medical Association the following year, held at Toronto, Dr. Ingersoll Armstead read a paper on the Surgical Treatment of Ulcerative Colitis, in which he recommended appendicostomy, as devised by Weir. The paper was discussed by Dr. Weir himself, who told of how he had devised the operation, and then stated that his experience had been with seven cases, five being of the ordinary ulcerative and two of the amoebic form of dysentery. As this was four

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years after he had devised the operation, it is quite evident that in his experience it had not been overworked. He said that at that time eighty or ninety cases had been treated by this method by other surgeons.

Weir's original technique was to stitch the appendix to the skin, then open it and introduce a rubber catheter. He proposes when the patient is cured and the fistula has been closed to plunge the point of the paguline cautery into the lumen of the appendix to destroy its mucous membrane and cause it to cicatrize. Weir has been misquoted by several authors who have proposed improvements in the technique. He did not state that he stitched the tip of the appendix to the skin, leaving the entire length of it to be permeated by the irrigation tube, although this interference is made by others who suggest drawing the caecum against the abdominal wall before fastening the appendix.

I have to propose, however, an important improvement in the technique of the operation which has been suggested to me by the experience of my earlier cases. Stitches between the appendix and the skin hold but little. A slight traction from the inside soon causes them to give way. The technique I now employ is to use the ordinary incision for appendicitis operations described by me in the Medical Record of November 11, 1905. This incision is an inch and a half in length transverse through the skin, and then follows McBurney's intermuscular incision through the abdominal wall. The appendix and adjacent portion of the caecum are brought through the incision. If the meso-appendix is fat the outer portion of it should be removed close to the caecum, but avoiding the artery which accompanies the appendix. The purpose of removing the fat is to secure firm adhesions of the appendix and to diminish the risk of hernia. The purpose of leaving the artery is to maintain the circulation in the appendix to insure its integrity. When I first devised this method I ligated the outer portion of the meso-appendix close to the caecum and carried the ends of this suture through the muscles to tie the caecum closer against the parietal peritoneum. I am convinced, however, that this suture holds but little, and is, consequently, useless, and have found it better to cut away the outer part of the fat and then arrest any oozing along the cut edge with a fine cat-gut suture. The tip of the appendix is now held by an artery clamp, care being taken not to crush the entire appendix, but rather to hold it by the peritoneal and muscular portion only. By this means the caecum is held well up against the abdominal wall, while the peritoneum and muscles are closed by continuous suture of fine cat-gut, as in ordinary appendicectomy. Care should be taken to bring the appendix through the various muscular planes and the opening in the skin in a straight line. If it is tortuous it will be more difficult to introduce the irrigating tube. The skin is then closed according to the method of preference which, in my own case, is for No. 000 machine twist and a button-hole suture. I then fasten the tip of the appendix to the middle of a roll of gauze about the size of the forefinger and about four inches long. This is then rolled between the fingers, bringing the appendix around and around until the caecum is

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drawn firmly against the abdominal wall and the intramural part of the appendix made straight. The gauze is then folded on itself in horseshoe shape around the appendix, and fastened with a safety pin. This is covered with a fold of gauze, and the box dressing described in my paper before referred to is applied. In my earlier operations I followed the suggestion of Dawbarn and Meyer, and cut off the appendix and began irrigations after a few days. The adhesions formed between the appendix and abdominal wall, however, at this time are too soft, and, in several instances, the appendix has somewhat receded below the surface, making subsequent irrigations difficult. It is my present practice to allow the first dressing to remain for six or eight days. When the box dressing is removed after this lapse of time, and the gauze unpinned, it will be found that the appendix is firmly healed in place, and from one-fourth to one-half of an inch projecting beyond the abdominal wall in a healthy condition. The distal portion of the appendix which is wrapped around the gauze has dried into a firm, flat band. During all this time it has given such support to the caecum that firm union with the abdominal wall has resulted. The appendix should now be cut off under the edge of the gauze roll with a pair of sharp scissors curved on the flat, leaving from one-eighth to a quarter of an inch projecting. At this time the skin stitches may be removed from the incision and the entire surface, including the stump of the appendix, dusted with aristol. A frame of gauze rolls placed around the stump of the appendix to prevent pressure. This is important, for in one of my cases an assistant who did the first dressing made pressure directly over the end of the appendical stump, which resulted in pushing the appendix just below the surface of the skin, the adhesions not being firm enough at this time to bear the pressure. The second dressing should remain several days longer, in order to give time for a firm union. The irrigations may then be begun. I have used a silver tube about two inches in length, with round end and two oval fenestrae at the sides. These are the so-called milk tubes of the shops and have an external diameter slightly less than one-eighth of an inch. A larger lumen may be secured in a tube of this kind with a smaller external diameter than with the rubber catheters recommended by Weir, and used by others. The two principal difficulties that have been met with after this operation have been leakage and premature closure. In the Philippines it has been customary to introduce a small rubber catheter and allow it to remain in situ during the entire course of the treatment. It has been found that after its withdrawal there was at first leakage of bowel contents and then the opening usually closed spontaneously. This difficulty is a result first, of over distention of the lumen of the appendix by too large a tube; and, second, of the pressure necrosis of the mucous lining by the continued pressure of this large tube. These difficulties can be entirely avoided by the technique I have described and the opening maintained in a patulous form without leaking as long as desired, as one attack of amoebic dysentery does not give immunity.

It may be well, when the exposure to renewed infection is con-

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tinuous, or likely to be repeated, to maintain the opening for the treatment of subsequent attacks. The same may be said of chronic ulcerative or mucous colitis which may not always be entirely cured, even though the symptoms have disappeared under treatment.

By far the most important substance for irrigation is an abundance of water. The patient is placed in dorsal position on a dressing table, or over a Kelly pad, a large rectal tube inserted, and the irrigating fountain elevated four or five feet above the table. This gives a sufficient flow to thoroughly flush the colon in a short time. After using a variety of medicaments, including salt solution, fluid extract of hydrastis, and particularly of nitrate of silver, I finally adopted the tincure of benzoin on account of its healing and antiseptic properties, and have most satisfactory results from its use. The method is to make an emulsion in proportion of one drachm of the tincture to a quart of water. In my later cases I have used this remedy to the exclusion of all others, with the result of making a cure in all cases in which it has been tried. In amoebic dysentery a solution of quinine bisulphate should be used. Irrigation should be made daily for several weeks, and then at irregular intervals, according to the necessities of the case. I have found no trouble from leakage since adopting the technique here described, a few drops of mucous, sometimes slightly colored, being about the only discharge that appeared from the opening. The dressing I now employ after the parts are well healed is a bunion plaster, into the opening of which a small bit of cotton is placed. No abdominal bandage or any other dressing is required. So slight is the discharge that the same plaster may be worn for several days, irrigation being made through the opening and a new pledget of cotton inserted after the treatment.

In several of the earlier cases, and in the one in which the appendix slipped below the skin by reason of pressure on the surface, the openings have closed spontaneously. In the more recent ones they have given so little trouble that so far they have been allowed to remain for subsequent use should there be any recurrence of the trouble. No inconvenience has been experienced in any case as a result of the anchoring of the colon to the abdominal wall.

After the first week or two of irrigation, most of my patients have been able to carry out the treatment themselves, being able to introduce easily the little silver tube with which I have provided them.

Dr. W. J. May, who has observed several of my cases, suggested the addition of a circle of wire, supported by four spokes, at the upper part of the irrigation tube to steady it on the surface of the abdomen when it was used by the patient. I have made use of this device in several cases with advantage.

This method of treatment presents a new and important therapeutic measure in the cure of a disorder of considerable prevalence. My personal experience with it has been so satisfactory that I shall continue to make use of it in persistent colitis, either of the simple or ulcerative or amoebic type.

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THE PATENT MEDICINE EVIL

By S. M. STROHECKER, M. D.
Hermiston, Oregon

From the hue and cry that has been raised by a number of medical journals against the use and manufacture of proprietary medicines of more or less secret formula, one would be led to believe that the manufacturing chemist had hypnotized the entire medical profession. The manufacturing chemist is responsible for the extensive use of these remedies only so far as, that he has spent money to experiment, liberally sample physicians and advertise.

Human nature in doctors is about the some as in other individuals, and they are more willing to believe the more or less exaggerated statements of the value of this or that remedy than one would suppose were possible to men of their learning.

It would seem that for a more intelligent study of the "Patent Medicine Evil," that it be taken up according to its various parts, and their direct bearings.

First—The use of patents by the physician.

Second—The use of so-called patents by the physician, or of compounds of which the formula is secret, or a bogus formula furnished.

Third—The substitution evil, and what constitutes substitution.

Fourth—The reasons for this extensive use of patents.

Fifth—Remedy.

The laity always have and always will use such remedies as they may know of, or which are recommended to them, and care nothing as to what it is. The more mystery surrounding it, the better it is liked, and many of the home remedies are good, based on good common sense rather than physiological reasoning, and in many of the preparations now in good standing can we trace this humble beginning.

It would be folly to expect people to call in a physician for every ache or pain they felt, or to write a prescription for castor oil or Epsom salts, just as much as to expect a doctor to call a carpenter to drive a nail, and it is from the simple family remedies, with the aid of doctor books (one of which was written by several big men in the medical profession of Chicago, but perhaps they wrote all this before the moral and professional ethics reached their present high plane).

Not all patent medicines are injurious. Some are very good prescriptions (for given cases) placed on sale, advertised and with gaudy wrappers, and it is in their making all sorts of extravagant claims that they are misleading.

The ill-advised and indiscriminate use of narcotics, cocaine, acetanilid mixtures, alcoholic stomach bitters, tonics, etc., of course, should be regulated if not suppressed. People will always reserve

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the right to eat and take what they care to, but it is not for the manufacturer to sell injurious or adulterated goods without the victims' knowledge.

The class of patent medicines such as are kept in stock and sold to the public by druggists, department stores, corner groceries, is an entirely different matter from the use of more or less secret proprietary remedies used by the medical profession.

The publishing of a formula of the former might be an advantage, but who but the learned in materia medica would know what it really meant, and the users would hardly care to ask their doctors if "Sarsparilla Jones" was good, or whose they should buy.

Patent medicines or their substitutes will be made and sold as long as people live. Regulating their sale is a problem too large to be treated in this paper, but the drug trade can wield their great influence against patents of unknown formula, if they will, and many do so today, selling remedies of known ingredients of their own compounding instead.

The proprietary remedies wrongly called patents, generally used by the medical profession, should have a definite statement of contents attached. A working formula need not be given, as is frequently the recommending features of certain remedies, *i. e.*, their elegance depends on some peculiar method of manufacture and a manufacturer who has spent time and money to place a really good preparation on the market, should have some means of protection from the pharmaceutical pirate, who manufactures a substitute for every known preparation on the market today, whose only argument is "just as good and cheaper," a statement generally not based on facts.

Many of the useful preparations of today are the result of much labor on the part of the manufacturing chemist. Others are elaborated prescriptions, the ingredients of which have been made into a more elegant form, while not impairing their value (something always to strive for). Others, and perhaps the largest number, are shotgun prescriptions with more or less idiotic names, and making claims so extravagant as to be self-condemning to any thinking physician. To condemn all is wrong, and to hope by an agitation that is almost hysterical to abolish their use is futile, and the artificial standing of what is ethical or non-ethical is largely due to whether they advertise in this or that journal.

To the ordinary reader it would appear that the doctors dared not use any remedies except such as were advertised and made by the special manufacturing chemists, and in reality it appears to be the truth. But why? Simply because the education he received along the lines of M. M. Therap, Rx writing, and equally important compounding or pharmacy has been so little that he soon finds himself handicapped and requiring too great an effort to try to be what the medical school is supposed to have made him, and in this condition he shifts the burden on to the manufacturing pharmacist, who gladly "takes up the white man's burden," for a consideration, and does it well. The manufacturing pharmacist has simply seized an opportunity, not created it.

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It is not unreasonable to attribute some of the success (in a measure) and the standing as measured by results, of the medical profession of today to the manufacturing pharmacist, whose labor has been for better preparation and much of the advance in pharmacy as well as therapeutics is due in a measure to their efforts.

Most of the compounding of special formulas can be done by every well-educated druggist if he is only given a chance, but since most of the profession do not originate, it is generally supplied by the manufacturing chemist, who is more alert to opportunities than the local druggist. Then, again, the doctor has some pride and does not care to show his shortcomings to his home people and would rather trust his secret to strange detail men with a smooth story and a liberal supply of samples. These same samples are frequently given to the patient, who is kindly allowed to pay for them, and since the labels are allowed to remain, is under no necessity of returning to his doctor, as the corner druggist can supply him and his friends to whom he is not slow to spread the news of a new cure, "the best ever made. Dr. X. uses it, and gave me a sample." This source of information has started many a person not only taking medicines but prescribing for others, and is not, as is so generally supposed to be, due to counter prescribing, a crime charged against every druggist.

A druggist using inferior goods in place of the better ones, cheapening the product at the expense of results, is guilty of substitution. This evil is not as common as is generally supposed, but the mere suggestion to use X. Y. Z. & Co.'s H. sagrada instead of A. B. C., is generally met with a refusal, frequently to greater inconvenience of all concerned, not to mention expense, and oft times necessary to carry three or four makes of one article for no other reason than that one detail man has not been able to impress all doctors alike with the better quality of his goods over all others.

There are many honest druggists who would no more substitute on a prescription than steal money from one's pocket. There are exceptions, also, as in any other walk of life. The drug trade has no more monopoly in honesty, integrity, etc., than has the medical profession. The honest druggist should be encouraged to do his best, nor should he be expected to supply cigars, whisky, and a commission on prescriptions.

How about the doctor who dispenses his own drugs? Unless he has a large enough practice to employ a pharmacist he must depend largely on tablet triturates, compressed pills, etc. These are a very handy and pleasant way to dispense medicines. But how many tons of medicine would a busy doctor have to carry with him to meet all requirements? He sees a patient, mentally prescribes for him, but when he opens his tablet case the exact formula is wanting. What does he do? Change the treatment in mind? or return and get the exact formula needed, or give the nearest he has to what he originally intended? Generally the latter.

Summing up, the existing conditions at present so much discussed are due only to one cause, and that is lack of training. Take commercialism out of the schools. Let professors hold their positions by merit, and not pull, or from the fact that they own stock in the school,

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purchased by their wife's money. Eliminate this element entirely. Let this crusade be waged without fear or favor, entirely on its merits, and direct the treatment with a view of reaching the cause, not effects.

Let the medical colleges be investigated, and it will probably be found that many of our shining lights in the profession who are preaching ethics and fitting a moral code of ethics for others, are themselves as great offenders. Let medical colleges cease to be private enterprises and money-makers, and make a greater effort to turn out quality instead of quantity, even if the dividends should be less.

The average doctor, when he graduates, is a good specimen of scientific "buncoing." When he enter school and when he graduates he listens to the eloquent tribute to the "profession he has chosen, and in which he is sure to be a shining light," the wonders of science, of medicine, etc., *ad libitum* and *ad nauseam,* and next month, when he really gets (if so soon) his first case, he can readily make a diagnosis, if it be appendicitis, cerebral hemorrhage or uraemiae, and if allowed, will and quite ably amputate a limb, resect a bowel, or ablate an appendix, but should he be called to treat a bronchitis, typhoid fever, malaria, scarlet fever, measles, the prescription would no doubt be somewhat of a puzzle to him, and then, instead of confining himself to U. S. P. Drugs, would probably use some drug brought to his notice with an endorsement of Dr. ———, professor of many titles, who in all likehood received a check for a report of his case in which such a drug had been used.

The fault lies with the colleges that are inclined to fit the student with a training to do the more infrequent things doctors are called upon to perform, and neglecting the simpler ones. It would certainly be less spectacular but by far more practical and of greater benefit to the prospective patients if the students instead of lending themselves as a "frame of setting" for the surgeon, who is doing an appendectomy (who can say, "I have the largest clinics") were they employed under a competent instructor, making a few simple prescriptions for use (if well made) in the dispensary connected with each medical college.

He has spent many an hour in the ampitheater where he can only see a little blood, a surgeon, and his assistant, and nurses, and hear operations described, of such a kind as seldom, if ever, come his way in general practice, and if they do, his very professors say, "What! do an operation for appendicitis? Never! Why, my boy, you should take that to a good surgeon who has done thousands." How much better to put a few hours daily or weekly into practical pharmacy, studying therapeutics, and materia medica, at the same time each helping the other. Colleges will probably say, "We have no time." Which is more important? To learn a lot of technique and theory, etc., that we are supposed not to use, or learn the more important things, viz: what to do for our patient, what to give and how to give it, and to learn that many of the so-called patents are very good commendable preparations, and that it is not always the less noted doctors who are the sole offenders in the use of secret preparations, but that one can find many in the higher ranks who do the same with this difference, that since they are professors in some school or other, use the same

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preparation, write the manufacturer of the fact, appending the results as written up by some interne under them, and receive a nice check by return mail, often placing their "O. K." as a stamp of approval, not simply to further the advancement of medicine, but for the graft there is in it.

Scopolamine Not Hyoscine!—A Caution!

In the Archiv fuer Gynaekologie Steffen gives some interesting details as to the use of scopolamine-morphine by Leopold. The latter has employed this method in three hundred labor cases. His verdict is that the method does not accomplish the desired results, it cannot be regarded as harmless for mother and child, and in private practice the by-effects liable to develop may render medical aid requisite at any moment. When men come to conclusions so opposite as those of Leopold and those reported by Gauss, we, to whom each observer is equally trustworthy and free from bias, can only attribute the diversity to a difference in technic. That this is so may be seen by Gauss' examination of Hocheisen's method. Gauss secured a specimen of the solutions employed by Hocheisen and tried them in ten cases, the results being far worse than those reported by Hocheisen. Every objection raised by Leopold has been examined and disproved by Gauss in his much larger experience. Weakness of the labor pains did not occur to any material extent, more frequently or more markedly than in cases where this anesthetic was not used, nor were version and forceps required with greater frequency. The vomiting could only have been accidental, since it did not occur in Gauss' cases, excepting when it had commenced before the anesthetic was given. So also as to the perils to the child; Gauss showed that the mortalities of both mother and child were much less than they had been before this anesthetic was employed.

The extract, as presented in The Journal of the American Medical Association, gives palpable evidence of anxiety to make out a case against this anesthetic method. Even Gauss is made to rank as an objector to the method, by quoting eight troublesome cases which occurred, out of his one thousand; just as if such things never happened unless scopolamine was employed. To any one who wants the whole truth,and not a garbled ex parte statement, we refer to Gauss' statistics as given by Holt, in the May number of The American Journal of Clinical Medicine. But even were the account given a fair one, the reader will note that it nevertheless relates to the use of scopolamine, which, as commercially presented, is not the same thing as the hyoscine used in America. It is much as if men should insist that, because Germans injure themselves drinking too much beer, we in America should abstain from coffee.

The above being the gist of our knowledge of this subject to date, and the therapeutic difference between hyoscine, a true alkaloid, and scopolamine (or so-called hyoscine from scopola—a serious error of nomenclature) a mixed, uncertain produce, being well established in favor of hyoscine, we caution our readers who are interested (and all should be) to use only H-M-C Abbott (hyoscine, morphine and cactin comp.), the original American product and one which, like all the Abbott line, may be depended upon.—The American Journal of Clinical Medicine.

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Medical Societies

Pierce County Medical Association.

At the meeting of the Pierce County Medical Association, held at the Tacoma hotel on Tuesday, June 4th, 1907, Dr. J. E. Harris, of Seattle, read a paper, "The Treatment of Infectious Diseases, Particularly Those of Extremities."

Dr. Harris: Among the most common pathological conditions physicians are called upon to treat are the various kinds of infections. In these cases, the aim of all treatment should be the elimination of the infectious process as expeditiously and with as little disturbance to the patient, both directly and in sequelae, as is possible.

The infections with which we have most frequently to deal are those induced by the staphylococcus pyogenes aureus and albus, and the streptococcus. Of these, the streptococcus, when accompanied by a mixed infection, is the most refractory and virulent type to treat.

All physicians are familiar with the symptoms of infection, beginning as it does with inoffensive-looking reddened area or small furuncle on some part of the body, usually some one of the extremities, and accompanied or unattended by pain, limited to the area involved, or more frequently extending up the arm or leg. A few hours later, a reddened streak or streaks along the lymphatic channels give warning of the rapid extension of the pathologic process. Now the general system reacts to the septic material present and the temperature rises, the pulse is accelerated, the face flushed, chills may occur, and the patient assume the characteristic septic facies. Without effective treatment, the process spreads rapidly—perhaps halting at the first collection of lymph-glands sufficiently long to cause their breaking down, or, extending beyond them to the point where its advance is limited by the reaction of the body itself, with as a resultant of its destructive operation, suppurating lymph-glands, an impaired or useless extremity, or death from septic poisoning. This clinical picture is not an exaggeration. It is to this class of infections that I call attention.

Inasmuch as the circulation of lymph depends upon muscular contraction, so will the septic products of inflammation be disseminated through the body, just so long as the patient is up and about. It is a well known fact that after a night in bed, at the beginning of an infection, the pain is much lessened and the general condition of the patient is much improved; but, as soon as he begins to work or move about, the pain comes back and the general symptoms are exaggerated, owing to the fact of the stimulated lymphatic circulation. Hence, it is a self-evident fact that rest is indicated—the more absolute the rest the better. If rest in bed be impossible, a splint applied to the affected part should be used.

In the treatment, there are three points to be considered; the opening and drainage of the focus of infection; the prevention of the advance of the infectious process; and the correction of the constitutional condition. Free incision at the point of infection should be made at once. This permits the septic material to drain off, relieves the tension, and thus controls the pain. The incision should be made early, at the original source of infection, and only through the reddened area. It is a mistake

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to anticipate the course of advancement of the process by the first incision, except in the late cases, where pus already has formed in the superficial or deep lymph glands, the intermuscular spaces, or in the muscle itself—then the knife should be used most thoroughly. Every pus-cavity must be opened and drained, either by gauze or by tubing. In those cases where the infection extends just under the skin, free drainage should be established early, and it generally suffices to control the infection, with but a minimum loss of the integument. The constitutional condition is not usually alarming in those cases which are seen early, and the local treatment, combined with free catharsis, generally suffices.

In late cases, the general treatment is of great importance. If possible, rest the patient in bed; if not, give as much rest as can be secured. In severe infections with marked involvement of the extremity and with constitutional symptoms, this is absolutely necessary, for so long as the patient is up and moving about the process will be uncontrolled or controlled with difficulty.

In the great majority of cases, the correction of the local infection results in the rapid disappearance of the constitutional disturbances. It is not worth while to dose the patient with alcohol and drugs and other supportive treatment to control the fever. The system already is doing its best to get rid of the septic material, hence, why should it be given additional work to do? To be sure, in cases of weak heart action, some of the recognized heart-stimulants may be used. However, as a general rule, free catharsis at the beginning, a light, easily assimilable diet, and hydro-therapeutic measures for the control of the fever are all that are necessary in addition to the surgical treatment, indicated.

As to the serum therapy, my experience has been too limited to speak with authority on this subject. In some cases it seems to be of use; in others, markedly depressing. It is undoubtedly true, that to be of any benefit, the serum must be used early and in large doses. The making of vaccines from the pus of patients, themselves, promises much. These vaccines are of use, particularly in the chronic cases.

There remains one other point to be considered at this time, namely: the dressings. Dry dressings, ointments, powders and the like are absolutely contra-indicated. They dam up the secretions, tend to increase rather than to diminish the pain, do not limit the process of disintegration of the infected tissues, and are generally undesirable. Hot, moist dressings are most quickly effective and should be used.

The question of the right dressing is a broad one. The old bi-chloride dressing is being used less and less, for the reason that it is irritating to the skin, and, in solutions strong enough to be of use antiseptically, the danger from poisoning is seriously to be considered. Carbolic acid, in solutions that may be used with safety, is useless as an antiseptic; however, it is an excellent anaesthetic. The very best is the moist dressing— a mixture of two or three parts of sataurated solution of boric acid, one part of alcohol, and a half part of a 5 per cent solution of carbolic acid. This is non-poisonous, an excellent antiseptic, cheap and efficient, while the carbolic acid is anaesthetic. the alcohol counteracts the cauterizing but not anaesthetic effect of the carbolic acid. This dressing should be made large, covering not

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only the area of infection, but also and including the next large joint—or, better yet, the whole limb. All of this dressing should be covered with oiled silk or rubber protective, and the limb should be slightly elevated. Every three or four hours a quantity of this mixture may be poured on the dressing, thus keeping it continually moist. Under a dressing of this sort, the pain is quickly relieved and the infectious process checked in the shortest possible time.

British Columbia Medical Association.

The eighth annual convention of the British Medical Association was held on August 1st at Victoria. Papers were read as follows:

A Comparison of Post-Operatic Methods of Treatment, by Dr. R. V. Dolbey, Victoria; Fifty Years' Experience in Practice, by the Hon. Dr. J. S. Helmcken, Victoria; The Physician in Politics, Hon. Dr. H. E. Young, Victoria; Surgical Treatment of Mesenteric Tuberculosis, Dr. Ernest Hall, Victoria; Addison's Disease, Report of Case, Dr. J. S. Burris, Kamloops; Pernicious Anaemia, Report of Case, Dr. B. D. Gillies, Vancouver; Roentgen Ray Treatment of Hodgkin's Disease, Dr. H. Rundle Nelson, Victoria.

The Treatment of Inoperable Tumors—Carcinoma—is the subject of an article by Prof. J. M. G. Carter, which he read before the Illinois State Society and printed in a recent number of the Illinois State Medical Journal.

He says, in part: Since nuclein contains phosphorus, it is a tonic, and besides its germicidal properties, it has other therapeutic value. That it is a rational agent in the treatment of various dyscrasiae is attested by clinical experience. For a number of years the writer has used nuclein with such success as to lead him to hold it in high regard as an agent for the treatment of malignant growths and other low dyscrasiae. The particular preparation was Reed &, Carnrick's Protonuclein. The dose was 24 grains a day.

The bromid of gold and arsenic is another remedy which, in my hands, has seemed to prove useful in the treatment of inoperable carcinoma, but I have always used it in connection with other agents. I have had more confidence in the nuclein than in the bromid, chiefly, perhaps, because I had two cures in which I did not use the bromid, while I have had none where nuclein was not used. I have come to consider the administration of nuclein and the bromide of arsenic and gold together as a most rational and valuable treatment in cases of inoperable carcinoma. It is the combination upon which I depend rather than on either agent singly.

I have used this method of treatment in many cases with apparent benefit, but I am able to report only five cases in which the treatment was carried out as prescribed from the time the patient came under my observation until the termination of the case. One of the cases died. The other four recovered.

Nurses should be instructed not to massage the limbs of patients who complain of pain after operation or confinement, without the order of the attending surgeon. If phlebitis and thrombosis are present, the manipulation may loosen a clot and cause instant death.—American Journal of Surgery.

An opaque growth on the eyeball in a child is likely to be a dermoid growth—that is a growth of skin epithelium on the conjunctiva.—American Journal otf Surgery.

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Book Reviews

The Care of the Baby. By J. P. Crozer Griffith, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Fourth Revised Edition. 12mo of 455 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $1.50 net.

The author seeks in the pages of this work to furnish a reliable guide for mothers anxious to inform themselves with regard to the best way of caring for their children in sickness and health. The first chapter of the book discusses the hygiene of pregnancy, the method of calculating the date of confinement and similar data. The characteristics of a healthy baby are discussed in the second chapter, and the growth of its mind and body in the succeeding one. Details in regard to the bringing up of the child are emphasized; its diseases are treated skilfully; suggestions are given as to nursing, and much valuable information is embodied in the work. This edition brings the book thoroughly to date.

A Manual of the Diagnosis and Treatment of the Diseases of the Eye. By Edward Jackson, M. D., Professor of Ophthalmology in the University of Colorado. Second Revised Edition. 12mo of 615 pages, with 182 text-illustrations and 2 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $2.50 net.

This book is intended to meet the needs of the general practitioner of medicine and the beginner in ophthalmology. It is designed to aid in the actual work of dealing with disease, and therefore gives the place of first importance to the recognition and management of the conditions likely to be presented early in practice, rather than in the rarer diseases and more difficult operations that may come later. Much new light on the subject treated has developed since the first edition appeared, and this is embodied in the new edition, which is brought fully down to date.

The American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M. D., editor "The American Illustrated Medical Dictionary." Fifth Revised Edition. 32mo of 574 pages. Philadelphia and London: W. B. Saunders Company. 1906. Flexible Morocco, gold edges, $1.00 net; thumb indexed, $1.25 net.

This is a most handy and most valuable little volume—beautifully printed and bound. It develops the possibilities of a pocket lexicon to a degree not heretofore attained. It certainly is indispensable for those who do not possess one of the larger dictionaries.

Atlas and Epitome of Diseases of Children. By Dr. R. Hecker and Dr. J. Trump, of Munich. Edited, with additions, by Isaac A. Abt, M. D., Assistant Professor of the Diseases of Children in Rush Medical College, in affiliation with the University of Chicago. Wtih 48 colored plates, 147 black and white illustrations, and 453 pages of text. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00 net.

There are requirements, in the judgment of the authors, which current text-books on pediatrics do not meet, and this "Atlas," it is hoped, will enable students and young practicing physicians, who have not had

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the advantage of clinical instruction, to gain a better understanding of systematic text-books, and that the epitome which the Atlas contains, may serve as a convenient summary of the subject. The editor has made considerable change in the sections on Therapeutics in accordance with the practice in this country. This was called for especially, since many of the climatic measures, health foods and apparatus are not to be obtained in the United States.

Diagnostics of Diseases of Children. By LeGrand Kerr, M. D., Professor of Diseases of Children at the Brooklyn Postgraduate Medical School. Octavo of 542 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00, net; Half Morocco, $6.50, net.

The remark is trite that diagnosis of disease, or discovery of conditions which may lead to the establishment of disease in the infant and child, encounters many difficulties. The infant cannot define its feelings, and the accuracy of the older child's definition is proportionate to its intellectual development. The physican is often dependent for his knowledge of the child's feelings and the history of its condition, upon the observations of an over-anxious parent or a disinterested nursemaid. Any work, written by a specialist in diseases of children, will be welcome to the practitoner who, in his practice, often gropes very much in the dark in his diagnosis. There is, of course, nothing in this work as to treatment. That is a comparatively easy matter, easily determined, when a correct diagnosis has been made. The author hopes that the publication of this work may be the means of stimulating a closer study of the child life; may, in short, do something to secure for the child a "square deal" in the practice of medicine. The illustrations are of such a character as to largely assist in a thorough comprehension of the subject, and will certainly be of great aid to the practitoner who seeks the author's aid in some of his difficult cases.

Diseases of the Rectum: Their Consequences and Non-Surgical Treatment. By W. C. Brinkerhoff, M. D. Orban Pub. Co., Chicago, 1907. Price, $2.00.

The author is averse to "the mutilation of bodily structures by surgical procedures" except where it is absolutely necessary. He believes in the injection method for hemorrhoids, although he recognizes the occasional necessity for rectal surgery. It is needless to say that much within the covers of this volume will be found to be at variance with the views generally held by the profession. At the same time there is food for thought and suggestion.

Diseases of Infancy and Childhood, Their Dietetic, Hygienic and Medical Treatment. A Text-Book Designed for Practitioners and Students of Medicine. By Louis Fischer, M. D. With 303 illustrations, several in colors, and 27 full-page and half-tone and color plates. Philadelphia. F. A. Davis Co., 1907.

Rapid strides have been made in the diagnosis, and especially in the treatment of diseases of children. The 20th century has perfected many dark points in pediatrics. Along with the progress in diagnosis, therapeutics has been entirely remodeled. The development of bacteriology has added new methods of diagnosis, aided prognosis, and further perfected specific treatment of various infectious diseases. A comparison of the treatment of diphtheria in vogue twenty years

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ago with that of the anti-toxin treatment of today is cited as an instance of progress. In this work, infant feeding in all its phases, maternal nursing, wet nursing and hand feeding, with all home modifications for bottle feeding, are carefully considered and given special attention. The disorders arising from improper feeding have been given prominence, owing to the importance of the subject. The susceptibility of the child to infectious diseases is recognized, and this important subject receives most earnest attention. The diseases of the digestive tract and diseases of the respiratory tract, have in their turn been considered. The greatest stress has been laid on the diagnosis, symptoms and treatment which are so necessary at the bedside. Pathology, and more especially bacteriology, have been given ample consideration.

Diseases of the Stomach. By Dr. I. Boas, Specialist in Gastro-enteric Diseases in Berlin, Germany. The Sole Authorized English-American Edition from the Latest German Edition. By Albert Bernheim, M. D. (Freiburg, Germany), Assistant to the late Dr. D. D. Stewart at the Philadelphia Polyclinic Hospital and Post-Graduate School, as Instructor in the Department of Diseases of the Stomach and Intestines, etc., etc. Appropriately illustrated with Five Full-page Plates and Sixty-five Engravings in the Text. 730 Royal Octavo Pages. Extra Cloth, $5.50 net. Half-Morocco, $7.00 net. Sold only by Subscription. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia, Pa.

The work is in its fifth edition in Germany. Nothing was more natural than that the author should gather into book form the lectures that he had delivered in Berlin. The fact that so many editions have been called for shows how they have been received across the Atlantic. It has been translated into Italian, Russian and Spanish. It is particularly a book for the general practitioner and also for the specialist and the student. The illustrations are especially valuable, and the work in its entirely is a great addition to anyone's medical library.

Physicians' Manual of the Pharmacopeia, and the National Formulary, an Epitome of all the articles contained in the U. S. P. VIII and the National Formulary. By C. S. N. Halberg, Ph. G., M. D., and J. H. Salisbury, A. M., M. D., American Medical Association, Chicago, 1907. Price, 50c.

This handy little brochure includes the names and brief descriptions of all articles that appear in both the books named. At the end is a therapeutic index and a list of common names of articles which will certainly be advantageous to physicians. Since the line which separates Pharmaceutical articles from those in the National Formulary is in many cases an arbitrary one, a handbook which covers the two series will be of decided value.

Surgery; Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M. D., LL.D., Hon. F. R. C. S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volume II. Octavo of 920 pages, with 572 text-illustrations and 9 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Per volume: Cloth, $7.00 net; Half Morocco, $8.00 net.

The second volume of this work will be welcomed by the profession, and will tend to justify the issuance by these publishers, of so pretentious a work. This volume deals, among other

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things, with Diseases of the Bones, by Dr. Edward Hall Nichols; Fractures, by Dr. Daniel N. Eisendrath; Surgery of the Joints, by Dr. Robert W. Lovett and Dr. E. H. Nichols; Dislocations, by Dr. Eisendrath; Surgery of the Muscles, Tendons and Bursae, by Dr. John Fairbairn Binnie; Orthopedic Surgery, by Dr. Robert W. Lovett; Surgery of the Lymphatic System, by Dr. Frederick Henry Gerrish; Surgery of the Skin, by Dr. John A. Fordyce; Pathology of the Chief Surgical Disorders of the Nervous System and its Importance in Clinical Diagnosis, by Dr. William G. Spiller; The Surgery of the Nerves, by Dr. George Woolsey; Surgery Among the Insane and the Surgery of Insanity, by Dr. John Chalmers Da Costa. The mechanical execution is such as might be expected from the Saunders publishing house.

A Manual of Personal Hygiene: Proper Living Upon a Physiologic Basis. By Eminent Specialists. Edited by Walter L. Pyle, M. D., Assistant Surgeon to the Wills Eye Hospital Philadelphia. Third Revised Edition. 12mo of 451 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $1.50 net.

The object of this manual is to set forth plainly the best means of developing and maintaining physical and mental vigor. Throughout the book there is concise but adequate discussion of the anatomy and physiology of the parts under discussion, upon which is based the subjoined advice. This work covers a field that is usually much neglected, and the fact that in a short time a third edition has been demanded is proof of its acceptability.

Five Hundred Surgical Suggestions. Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, B. S., M. D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor-in-Chief, American Journal of Surgery, and Eli Moschcowitz, A. B., M. D., Assistant Physician, Mount Sinai Hospital Dispensary , New York; Associate Editor, American Journal of Surgery. Second Series. Duodecimo; 125 pages. New York: Surgery Publishing Co., 92 William St., 1907. Price, $1.00.

These suggestions do not strain to be epigrammatic, as some suggestions do. They are practical, snappy, and are such as medical journals seize upon to reprint, as being valuable to their readers. The paragraphs have been suggested by practice and observation on the part of the author, It is a pocket manual de luxe, printed in attractive Cheltenham type, on antique India tint paper, with marginal headings and subheads in contrasting ink, and with an artistic binding of heavy cloth, gold lettered.

Charles Dickens' Tribute.

In "Bleak House," the heroine, having become the wife of a physician, renders to him this tribute, not as a man, not as a husband, but as a physician: "We are not rich in the bank, but we had always prospered and we have quite enough. I never walk with my husband but I hear the people bless him. I never go into a house of any degree but I hear his praises or see them in grateful eyes. I never lie down at night but I know that in the course of that day he has alleviated pain and soothed some fellow-creature in the time of need. I know that from the beds of those who are past recovery thanks have often gone up in the last hour for his patient ministration. Is not this to be rich?"

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Chemical Pathology. Being a Discussion of General Pathology from the Standpoint of the Chemical Processes Involved. By H. Gideon Wells, Ph. D., M. D., Assistant Professor of Pathology in the University of Chicago and in Rush Medical College, Chicago. Octavo of 549 pages. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $3.25, net.

During the past twenty years there has been a vast amount written in books, and fugitive articles of greater or less merit in periodicals of the time, on the subject of biological chemistry. A great deal of good and poor writing has been done upon the chemical changes that occur in pathological phenomena. Only when bearing upon conditions such as gout and diabetes, which concern alike physiologist, clinician and pathologist, have the fragments been moulded together into a homogeneous whole. The writer has sought to collect the scattered fragments of information and research, so far as they appear to him to be of value, and use them as a basis for a consideration of general pathology from the standpoint of the chemical processes which occur in pathological conditions. Much that has been written of value may have been overlooked, but the author believes that he has made a sufficiently complete collection to afford a fair basis for a consideration of chemical pathology. The work certainly evidences a great amount of research, and will prove of the greatest value to those who study it.

Scientific Child-Study in Paris.

The "human plant,"—to borrow a happy expression that recently originated with one of our leading magazines,—is at last being studied with the seriousness that it deserves. In various parts of the world, but especially in France, scientists are beginning to devote their attention to child life, with the object of discovering in what way it can be ameliorated, physically, intellectually and morally. The progress that they have made is already noteworthy, full of promise for the future, and shows that they were not wrong in thinking that, since investigators into the subject of vegetable biology had attained such marvelous results, they themselves might reasonably hope to do likewise in their infinitely more important branch of biological science.

In the foundation of a laboratory for the scientific study of children the lead has been taken by Paris. Due to the initiative of Prof. Alfred Binet, the eminent head of the Laboratory of Psychology at the Sorbonne, it has been established in one of the buildings of a large free school in the Rue de la Grange-aux-Belles, a street in the center of one of the most populous quarters of the city. A better field for observation could not have been chosen, the scholars being numerous, of various ages, and of many classes of society. The methods employed for ascertaining their physical, mental and moral value are also extremely interesting, and might well be adopted by scientists and pedagogues of the New World.—From "The Study of the Human Plant," by Frederic Lees, in the American Review of Reviews for August.

Small stab wounds (one-half cm. long) in the course of a developing cellulitis of an arm or leg, followed by the application of a Martin bandage above for five to eight hours a day (Bier treatment), will relieve the patient more quickly than large incisions with drainage.—American Journal of Surgery.

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Dr. Josephi Tells of His Journey.

Dr. S. E. Josephi, of Portland, favors the Medical Sentinel with the following interesting sketch of his recent enjoyable trip abroad:

Accompanied by Mrs. Josephi, I sailed on the Cunard liner "Carpathia" from New York for the Mediterranean. After viewing Gibraltar, Genoa and Naples, leaving the ship at the last named port, we went north through Italy, visiting Rome, Florence, Venice, Milan and the Italian lakes.

I had been given to understand, by a very intelligent Italian gentleman whom I met on the ship, that the Italian hospitals were very much behind the times. It was, therefore, a surprise to me to find at Rome an up-to-date general hospital, called the "Policlinico." This is a large, two-story hospital, of brick and stucco, with over 1000 beds, and with excellent facilities for out-patients. The operating room I found well equipped and modern, and I noted especially here a glass enclosed ampitheatre. I understood that excellent work was being done in this hospital.

The next hospital visited by me was the "Frauenclinic," at Munich, which city we reached after passing through the Swiss lakes, and stopping on the way at Lucerne and Interlaken,—and by the way, on the Swiss lakes and at the two last-mentioned cities I found in a given time more rain than I have ever seen in Oregon in the same period.

"The Frauenclinic" at Munich is an old building, but its surgical equipment has been re-habilitated, as indeed has the equipment of most of the other older hospitals in Europe.

This to me was an agreeable disappointment, for I had been informed that the older European hospitals were behind the times in their general equipment. I found, on the contrary, that while there were minor differences between the details of equipment, on the whole the hospital equipments have been brought well up to present standards. I was especially struck, at Munich, with the extensive mechanical gymnasium. In this gymnasium are machines for producing all kinds of motion for different parts of the human body, and exercising either passively or actively the different joints. There are also inhalation rooms in which different kinds of sprays and nebulized drugs are made to permeate the atmosphere of the room in which the patient sits for the prescribed period. Here, also, as in other hospitals in Europe, I learned that the X-ray is used very little for therapeutic purposes, though elaborate machines and facilities are provided for skiagraphic work. For photo-therapeutic purposes the "Finsen" machine is chiefly used. In Munich is the large new Kraeplin's Psychiatrical Clinic.

From Munich to Vienna is a pleasant journey through the Austrian Tyrol. Vienna contains the large and well known "Algemeine Krankenhaus." At this hospital I had the pleasure of meeting Professor Shautta, the eminent obstetrician and gynecologist, and Professor Iselberg, one of the chief surgical lights of Austria. I also was given opportunity by Dr. Buerger (one of Shautta's chief asisstants) to see the maternity equipment and patients of the "Krankenhaus," and to observe the results of pubiotomy in several cases. In this part of Europe rickets appears to be very common, and hence operative work in cases of contracted pelves is deemed to be often required. I was informed that 25 per cent of the maternity cases in the hospital had contracted pelvis as a result of rickets. The operation of pubiotomy is here frequently performed and is

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done in preference to symphyseotomy, and in relative cases, to Caesarian section, though Caesarian section is performed here with much greater frequency than with us. Symphyseotomy is never done, it being claimed by the Viennese that pubiotomy is far superior, both in ease of performance, in the lack of necessity for fixation apparatus longer than twenty-four hours, in quicker union and in immobile results. I saw Iselberg do what was claimed to be the second operation for a tumor of the hypophysis by the nasal cavity route, the first operation of the kind having been performed about two weeks previously at Innsbruck. The Innsbruck case died before Iselberg's operation. The latter operation was "successful," but whether the patient lived or not I do not know. Buildings are being erected for a new Kraukenhaus at Vienna, and it is the intention to pull down the old buildings and convert the grounds into parks and boulevards. When this shall come to pass an old medical landmark known to many American medical pilgrims will have ceased to exist.

At Berlin, where I next went, after stopping at Dresden to view the great picture galleries of the latter town, I made hospital observations at "the Charite" hospital, the new "Virchow" hospital and the old Langenbeck hospital. At the latter hospital Bier (whose name is familiar through his publications on the production of hyperaemia for the cure of local lesions) operates in presence of the University classes. He is the successor of the late Von Bergman. Having witnessed a number of his operations, I formed the opinion that he is a skillful and capable operator. Many of the operations in both Vienna and Berlin are done under local anaesthesia. In one instance in Buhm's clinic a laparotomy was done under spinal anaesthesia for sarcoma of the ovary. Hildebrand holds an interesting surgical clinic at "the Charite." Krause also at "the Charite" holds daily, excepting Saturday, a most interesting clinic, on diagnosis and internal medicine. He is very thorough in his presentation of his subject, but to get the full benefit of his, as well as the other clinics, one should have a good understanding of German. The Virchow hospital is a fine collection of pavilions, with accessory buildings. It required eight years to build and was opened last October for the reception of patients. It is not a medical university building, and clinics are not held there. I had the pleasure of meeting Dr. Hermis, one of the hospital directors, there, who kindly invited me to witness some operations and to view the buildings under his guidance. The hospital accommodates 2000 resident patients. It is modern in every respect, but a comparison between its equipment and that of our own hospitals, shows both to be on an equality. I also visited the St. Elizabeth and Bettina hospitals. At the latter Prof. Wertheimer does his radical operations for cancer. I was told by one of the assistants that there were 40 per cent of recoveries five years after operation. In these foreign hospitals I noticed a difference in minor matters of technique. For instance, in Vienna, just before the incision is made, the field of operation is thoroughly swabbed with tincture of iodine. Also cotton gloves are used, sometimes alone, sometimes over rubber gloves. I saw no catgut or silkworm gut used in Vienna. Silk is used both for ligatures and sutures, and by some metal clamps for skin. In Berlin, at the Virchow, gloves are used in septic

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cases, and not for aseptic cases. Bier uses neither gloves nor masks. Cumol catgut is used for sutures and silk for ligatures.

In Berlin I had the pleasure of meeting Dr. Coghlan, of Portland, who happened in at the same pension at which my wife and I were staying.

From Berlin we went to Mainz on the Rhine, down the Rhine to Cologne and then from Cologne to Paris. At Paris I found it was necessary to go through a good deal of red tape to visit hospitals. I visited the "Hotel Dieu," which is comparatively new, erected near the site of the old "Hotel Dieu." I also visited the maternity annex to the "Hotel Dieu," which is an old tumble-down building, poorly equipped. The surgery and appointments struck me as being inferior to our own and the German and Vienna hospitals. Visitors to Paris who wish to have access to hospitals should obtain permit from the administrator of hospitals, whose office is a couple of squares from the "Hotel Dieu."

From Paris I went to London, and there I visited Guy's hospital, and was especially interested in the collection of the Gordon museum. The wax models illustrating skin diseases are especially fine, and in conjunction with the complete catalogue very instructive.

At the London hospital I saw Dr. Lewes do two abdominal sections, and noted the use here, for the first time since I left America, of silkwormgut for sutures. Also, that in closing a wound, the silkwormgut suture was passed clear through skin and peritoneum, and then buried sutures used in the intermediate layers.

A very interesting place for medical men is the museum of the Royal College of Surgeons in Lincoln's Inn Fields, in which I spent several hours. The collection of fresh dissections, immersed in preservative solution so as to keep their color, and properly labeled, is very fine.

I had the privilege of aattending one of Sir Almroth Wright's clinics at St. Mary's hospital, and had the pleasure of meeting our Dr. Ralph Matson, who was taking a course with Wright in "The Opsonic Index Therapeutics," and also with Professor Nuttall at Cambridge. Wright is a man of charming presence and very genial. Whatever may be said of the truth of "the Opsonic Index Theory," Wright is certainly honest and in earnest, and he shows results in his clinics that are certainly very striking and convincing. By the way, Professor Wright spoke to me in the highest terms of our townsman, Dr. Ralph Matson, and told me that he would like to keep him there, but as he could not do that, he would advise us to keep him here; that he was too good a man to let slip away. I have no doubt that Dr. Ralph Matson will in due course give us an account of his impressions, especially regarding "Opsonic Index" studies.

The trip across the Atlantic, both coming and going, was made a pleasure by the large and commodious steamers that are used. Neither my wife nor myself had a hint even of seasickness, and the ships seem to make their schedules with the regularity of ferryboats. While the whole trip was taken up with strenuous work in sight-seeing, it was work of a different nature from that at home, and in that way was restful.

I visited many hospitals in this country. From my observations I am convinced that in practical work and results our country stands well abreast of the times.

It is good to be back in America, and especially in dear old Portland.

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for we visited no place in our travels that so much appealed to us as a pleasant place of residence. The charms of the Pacific Coast, both in scenery and climate, are always welcome to the tired traveler; especially so if he reaches the dear haven of home.

The A. M. A. and the Pharmacy Council.

The editor of Gaillard's Southern Medicine says: A great diplomat once declared that language was made to conceal thought, but the editor of the great Octopus employs it to urge the editors of privately owned journals to refuse the advertisements of the manufacturers whose products have not been passed upon by the council, and as a sewer to pour forth his uncalled-for expressions of his antipathies for the independent medical journals. If Secretary Simmons and the Council of Pharmacy and Chemistry had asked the profession and editors of medical journals not to use or recommend any products exposed by it which have been shown to make fraudulent claims as to composition, then they would have acted as such a body of honest men should have done. But to ask the profession not to use any products which have not been passed by it, or to request the editors of independent medical journals not to accept the advertisements of preparations not passed by the C. of P. and C. is an impudent insinuation on the intelligence of the physician and an insult to the editors whom they wish to compel to think as they do.

Many products have not been passed simply because the manufacturers have not seen fit to give the exact method of manufacture, although such products answered every ethical requirement; yet the manufacturer did not like to give away his exact process, which, by the way, the busy physician cares not a fig to know. And yet the C. of P. and C. ask the profession not to use such products, otherwise satisfactory in every way, which have been reported for such puerile reasons, which are perfectly assinine.

Other preparations have been rejected because they do not comply with a ruling which reads:

"Every article should have a name or title indicative of its chemical composition or pharmaceutic character, in addition to its trade name, when such trade name is not sufficiently descriptive."

It means that every proprietary product be given an additional quasi-scientific, quasi-pharmacopical name. Glyco-thymoline, for instance, should be entitled "liquor antisepticus alkalinus, etc," This the manufacturers refused to do, for it would mean throwing the doors wide open to the rankest kind of substitution. (Robinson C. & G.)

No reputable manufacturer ever hesitates to give the profession the formulae of a certain preparation, but to be asked to give away that which he has worked for years and years to accomplish and spent thousands of dollars in perfecting improved machinery for attaining the highest possible degree of excellence in the manufacture of his special products is as absurd and preposterous as it is foolish, for we all know if the complete working formulae of proprietaries were published every corner druggist would attempt to prepare the preparation and offer it as "just as good," which not only robs the manufacturer. spelling his own ruin, but directly fosters the evils of commercial piracy and substitution, both of which invariably tend to lower the standards of pharmacy and pharmaceutic products.

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When the rabid antagonistic anticipations of the would-be defamers of ethical proprietaries are realized (?) the manufacturer had as well close his doors. As already stated, we earnestly believe that every manufacturer of honest ethical proprietaries are always ready and willing to accede to all legitimate demands from those whose patronage they seek, but any demand for a complete working formulae is not legitimate.

Does the council or the management of the J. A. M. A. have the hardihood to tell us not to use any of these products, no matter how necessary they may be for the benefit of our patients?

Why, this would be worse than the Russian beaurocracy, worse than mediaeval orthodoxy with its "believe as we do or be damned."

And what does the council's endorsement amount to anyway? Not a tinker's damn. It is not an endorsement of therapeutic value. The council distinctly declines this responsibility. It simply gives us a statement of the composition of the remedy. And this does not amount to much. A substance may be of distinct and definite chemical composition and still be worthless therapeutically, and vice versa. We need not emphasize here that from the composition of a remedy alone we cannot judge of its therapeutic value or worthlessness.

The ominiscence assumed by the infallible medico Pope—the C. of P. and C.—is supposed to be very esoteric, quite beyond the comprehension of the hoe palloi. The ultra scientific jejune babblement of certain superficial scholastic Poohbahs'-paid emissaries (walking delegates) gives one a pain in the region of the external sphincter ani muscle. Like half broiled sophists, their extemporaneous discantings abound with platitudinous ponderosity and thrasonical bombast until they become lost in a metaphysical fog of their own making, and inflict a suffering public filled—from imprimis to finis—with purient sapraeric tommyrot.

Pinheaded polemics may perorate and chemistry and pharmacy councils may resolute, while hydrocephalic obfuscated editors may write columns. pouring forth vituperation against those preparations which have not "passed," yet the rank and file of earnest medical men will go on, as in the past, doing what they think best for their patients, whether it be in dispensing their own medicines or in writing prescriptions; whether in the employment of so-called physiologic remedies or of drugs, whether in the use of specific tinctures, alkaloids or the old galenics, or even of some preparation found by experience to be valuable even though it has not been "passed" upon by the Council of Pharmacy—and don't you forget it.

H. M. C. Compound—A Further Report.

Dr. R. J. Smith, of Schnectady, N. Y., formerly of Salt Lake, writes.

"In using this anesthetic compound in labor cases, success is attained by carefully following a routine developed by the experience of others until our own experience in its use guarantees a modification. It will be safer, and cause less anxiety, to use the half tablet not too early in labor. It is not necessary to give until the patient is unconscious or does not arouse with the pains. The pains should be kept full and strong, and the pain-cries must not be taken as a call for more of the anesthetic. This compound produces loss of memory of pain, but should not be pushed to the extent of quieting all outcry. There

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is danger of so modifying the pains, of quieting the necessary abdominal muscular action, that labor is delayed, threatening asphyxia of the child. If this untoward result presents, forceps-delivery must be hastened. Even here it is not wise to be guided by the patient's outcries, as very few patients remember even the application of the forceps, and forget entirely the pain of the extraction.

"When progress is being made, pains full, strong and frequent, os dilating or dilatable, and the patient shows evidences of a good deal of suffering, a half tablet may be safely given. If the result is some alleviation of suffering, wait an hour and if warranted, repeat. In another hour ask for memory of needle puncture. If she remembers the first but not the second, and rests fairly quietly between pains, sufficient for this stage has been given. When the expulsive pains are present, and the fetal head is nearing the perineum, pains very strong, almost continuous, patient complaining severely, a full tablet may be given if the practician is assured of a quick ending to labor. Otherwise the third half may be used, and a few drops of chloroform inhaled. The patient will sleep quickly after the child is born, if let alone, for several hours, but if aroused suddenly through anxiety on the practician's part, may awake confused, or with mild delirium. The respirations may fall to eight or ten per minute, but this should cause no anxiety if the pulse remains good with good color of facies.

"In a II-para, one tablet full strength was given hypodermically to quiet patient, the pains being full and frequent, parts dilating, head-presentation with normal progress, and repeated in two hours, head then approaching perineum, and pains very strong. There was every indication that labor would soon be ended. The patient begged for relief and appeared to feel the pains very acutely. Her memory of first injection was good but the time was confused. After the second injection, the patient quieted in a few minutes, pains gradually lessened in force and frequency, progress was delayed, and soon patient was in deep sleep, rousing on command, but very sleepy. One hour after last injection, forceps were applied, child easily delivered, and cried lustily in a few minutes; color not bad; no cyanosis.

"The patient aroused and cried loudly during the extraction, but immediately after, sank into a deep, perfectly relaxed sleep; pulse sixty, respiration ten; color good, but deeper red, pupils not contracted. The uterus contracted weakly; no abdominal muscle contraction. The placenta was expressed easily, no hemorrhage. Uterus contracted firmly, no laceration of perineum. The patient slept for three hours, awoke thirsty, asked for a drink and slept for two hours. On awaking, she was asked if she remembered much of the conduct of labor. She remembered the first hypodermic injection, but memory was confused and sequence of events distorted of the further progress of the case. She had no remembrance of the application of the forceps, although at the time she complained loudly. This patient is a convert to the new anesthetic.

"I would suggest to those who wish an authoritative statement of the safety, reliablity and efficiency of this hypnotic anesthetic compound to read the history of a thousand cases of obstetrics without a failure from the

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use of this remarkable remedy in the practice of Dr. Gauss, written for the A. J. C. M. (American Journal of Clinical Medicine), and published in May issue. In the place of scopolamine from scopola, Dr. Abbott uses in his compound, hyoscine from hyoscyamus, with the cardiac steadier, cactin, to fortify the heart. It is certanly a wonderful remedy and of use over the whole field of pain."

Criticism of the American Medical Association.

Northwest Medicine: The prevailing dissatisfaction with the management of our greatest medical association is proclaimed in the widespread criticisms of the work of its officials, in the medical journals east and west. We have read nothing which presents the whole subject in its varied aspects more logically and temperately than the discussion of the Association and its management which appeared in the July issue of our contemporary, the Medical Sentinel. Dr. Coe has been in close touch with the leading men of the organization during recent years and has taken a prominent part in the attempt to present to the medical public a clearer knowledge of its workings. The self-perpetuating oligarchy which controls the destinies of the Association is un-American and undemocratic. While no charge of financial irregularities has been directed against the management, its secretiveness and apparent opposition to an open disclosure of its operations has created a most unfavorable impression among the rank and file of the membership. A scientific body like this should be above suspicion of its supporters, and nothing will so readily produce this condition as a fair and open policy with them. The trustees and officials are simply the servants of its members, subject to the latter's will. A reform along the lines suggested by the Medical Sentinel is imperative for the stability of the present management, and a necessity for the future harmony and permanence of the Association

Exploration and Decapsulation of the Other Kidney Before Completing Nephrectomy.

G. M. Edebohls, New York (Journal A. M. A., June 1), in view of the vital importance of knowledge of the functional capacity of the other kidney and the insufficiency of the other tests, advocates, as an essential condition before completing a nephrectomy, the exposure and examination of the other kidney through a second lumbar incision. This has been his routine practice for the past ten years. He has operated in all on three patients, with but one kidney each; in two of these nephrectomy was not contemplated, but the life of the third was saved by this precaution, of making a double operation. The history of the case is given; the left kidney was absent, but there were two ureteral orifices and a portion of the lower end of the left ureter. Besides the advantage of inspection and the possible saving of life, Edebohls sees a third reason for the double operation in the chance it affords by the improvement in the work of the kidney caused by the operation of decapsulation. It invariably, he says, increases the urea output and enables the organ to do its best work, both of these results acting directly to prevent a renal death. He has had no renal death since he has followed his present practice of decapsulation of the remaining kidney.

Hot bricks or stones retain their heat much longer than hot water bags.—American Journal of Surgery.

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Personal

Oregon.

Dr. R. F. Smick is a new arrival at Myrtle Creek.

Dr. Pickel, of Medford, is remodeling his residence.

Dr. A. B. Starbuck, of Dallas, was in Portland last month.

Dr. J. H. Hudson, of Arlington, was in Freewater last month.

Dr. Elta H. Schnauffer, of Portland, has gone to Delaware, Ohio.

Dr. Wm. H. Snook, of Madras, is having a new cottage built.

Dr. F. H. Coffeen, of North Yamhill, was in Portland last month.

Dr. and Mrs. W. S. Cary, of Dallas, were at Salem last month.

Dr. E. R. Todd, of Adams, was a Pendleton visitor last month.

Dr. W. H. Davis, of Albany, was called to Scio early in August.

Dr. Fred J. Laird, of Lebanon, was a Portland visitor last month.

Dr. F. A. Lieuallen, of Huntington, visited on the coast last month.

Dr. Geo. A. Pogue, of Ontario, was called east suddenly last month.

Dr. W. P. Chisholm, of Gold Hill, was in Medford early last month.

Dr. W. P. Chisholm, of Gold Hill, was a Medford visitor last month.

Dr. E. B. McDaniel, of Baker City, was a Portland visitor last month.

Dr. Jay Tuttle, of Astoria, had a visit to Collins Springs last month.

Dr. R. E. Ringo, of Pendleton, visited his parents last month at Salem.

Dr. Thos. W. Hester, of Jacksonville, took a vacation to West Fork.

Dr. Fred R. Bowersox, of Ashland, had an outing last month at Odessa.

Dr. Augustus Kinney, of Astoria, is on his way to Europe for an extended trip.

Dr. F. R. Dorn, of Echo, went last month to San Francisco on a pleasure trip.

Dr. T. W. Harris, of Eugene, spent several weeks lately in Alberta, Canada.

Dr. E. G. Kirby and wife, of Elgin, had a pleasant outing in the mountains.

Dr. T. R. Monk, of Summerville, gets over the country on a motor cycle.

Dr. and Mrs. M. K. Hall, of La Grande, were Portland visitors last month.

Dr. Thomas R. Monk, of Summerville, was a La Grande visitor last month.

Dr. Clarke E. Loomis, of Eugene, and family, were at Rock Creek last month.

Dr. I. N. Cromwell, of Union, was a visitor in Elgin and La Grande last month.

Dr. R. L. Gillespie, of Portland, took a week at Long Beach during last month.

Dr. and Mrs. C. L. Nichols, of Portland, were visitors in Bend last month.

Dr. W. W. Allen and wife of Jefferson, were visitors in Albany last month.

Dr. and Mrs. M. K. Hall, of La Grande, were Portland visitors last month.

Dr. O. D. Doane spent a week in camp on the Little White Salmon recently.

Dr. and Mrs. D. C. Lazier, of Westcn, were in Pendleton early in August.

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Dr. A. T. Law has purchased the practice of Dr. Clark E. Saunders at Union.

Dr. J. S. Geisendorffer, of The Dalles, was a visitor in Albany last month.

Dr. Jas. T. Townley, of Dufur, moved into his new residence recently.

Dr. B. A. Cathey, of Corvallis, spent ten days in Cascadia during the heated term.

Dr. Mary T. Cole, formerly of Portland, has moved to Aumsville, Marion County.

Dr. J. W. Powell, of Molalla, made a trip to Oregon City last month on business.

Dr. Mae H. Cardwell gave a dinner to some friends at the Hotel Portland last month.

Dr. Logan, of The Dalles, recently made a business trip to Wasco and La Grande.

Dr. George Wall, of Eugene, was called to see a sick patient at Drain last month.

Dr. J. P. Wallace, of Albany, spent some time las month with his family at Newport.

Dr. E. T. Anderson, of Enterprise, was called to Wallowa, professionally, last month.

Dr. G. A. Pogue, of Ontario, has returned from a visit to his mother in Illinois.

Dr. F. D. Stricker and family, of Grants Pass, have recently visited in Michigan.

Dr. and Mrs. S. E. Josephi, of Portland, have returned from their European trip.

Dr. W. E. Lewis, of Seaside, has been making some improvements to his property.

Dr. F. D. Stricker, of Grants Pass, went to Detroit, Mich., last month, to join his wife.

Dr. L. K. Blakeslee, of Pendleton, spent several weeks on his vacation this summer.

Dr. B. Daly, of Lakeview, was called to North Warner last month to see a patient.

Dr. W. P. Via, of Forest Grove, was a visitor at Hillsbòro last month on county business.

Dr. E. O. Parker, of Pilot Rock, was at Pendleton last month on professional business.

Dr. A. B. Starbuck, of Dallas, was a visitor, with his mother, to Falls City, last month.

Dr. W. K. Haviland, of Estacada, had a short vacation up the Columbia river last month.

Dr. J. N. Smith and family, of Salem, were at Newport during part of the late season.

Dr. J. S. Parson, of Ashland, took a month's vacation, part of which he spent in Portland.

Dr. J. S. Geisendorffer, of The Dalles, visited in Albany and Cascadia last month.

Dr. E. P. Geary and two sons, of Portland, were calling on Medford friends last month.

Dr. A. M. Kinney, of Portland, spent two weeks' vacation with his parents at Astoria.

Dr. Chas. E. Geiger and wife had a fine time during the summer in a camping expedition.

Dr. T. W. Hester, of Jacksonville, had a hunting trip in the Wolf Creek country last month.

Dr. R. D. Burrow and family, of Burns, spent some time last month at Stein's mountain.

Dr. Geo. W. Maston, of Klamath Falls, was called to Keno, professionally, last month.

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Dr. W. H. Ewin, of Portland, has just bought a quarter block of East Portland land for $6000.

Dr. P. F. McMurdo, of Falls City has been moved to St. Vincent's hospital, Portland, for treatment.

Dr. and Mrs. F. M. White, of Klamath Falls, spent a day with friends at Swan Lake last month.

Dr. G. W. Stevenson, of Medford, went to San Francisco last month as a witness in a lawsuit.

Dr. Max M. Dittebrandt, of Milton. was called to French's camp to attend a patient last month.

Dr. Everett Mingus, of Marshfield, had a week's trip to Ten Mile. They had plenty of good fishing.

Dr. J. H. Fell and family, of John Day, went ot the Mt. Vernon Springs last month, and enjoyed it.

Dr. Wm. C. Gilmour, of Oakland, was called to Colusa, Cal., last month by the illness of his mother.

Dr. Frank W. Wood, of Clatskanie, has moved to Portland and taken offices in the Macleay Building.

Dr. O. D. Doane, of The Dalles, spent some time last month camping on the Little White Salmon.

Dr. S. Hemenway, of Yainax, is acting postmaster, without pay, but he says he must have his mail.

Dr. W. E. Lewis, of Seaside, had a visit recently from his brother, who lives in Fort Scott, Kansas.

Dr. T. W. Hester, of Jacksonville, camped with friends at West Fork for about three weeks last month.

Dr. H. C. Kavanaugh, of Albany, has assumed his duties of district surgeon for the Southern Pacific.

Dr. H. E. Currey, of Baker City, visited the mines near Sumpter last month, in which he is interested.

Dr. Otto S. Binswanger, of Portland, is one of a party who are interested in the Union mine at Blue River.

Dr. Chas. E. Geiger and wife, of Forest Grove, camped a couple of weeks last month on Wilson river.

Dr. Roy McDaniels, of Baker City, has been, with his sisters, locating timber claims in the Ukiah country.

Dr. W. T. Harris, of Eugene, left last month for a ten days' business trip to Canada, as far east as Winnipeg.

Dr. N. G. Blalock, of Walla Walla, Wash., is interested in the Heppner coal mines, and looked them over recently.

Dr. J. A. Richardson, of Salem, has been visiting his son in the Coos bay country, and he is charmed with that region.

The first of the month Dr. J. E. Shearer, of Roseburg, went to Sacramento as a delegate to the Irrigation Congress.

Dr. J. H. Fell and family, of John Day, went to the Bear Valley for a fishing trip during the warm weather.

Dr. H. S. Garfield and family, of Pendleton, spent a pleasant vacation at the coast, and returned home via Portland.

Dr. Grant W. Gregg, of Wallowa, was a visitor in Boise last month. He was a lay delegate to the Methodist Conference.

Dr. Clark E. Saunders has moved from Union to North Powder. He will follow the drug business at his new location.

Dr. J. D. Wetmore, of Coquille, had a pleasant visit at Newport, where he attended the state convention of the Red Men.

Dr. Wm. Kuykendall went to Buffalo, N. Y., last month, to attend the

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medical session of the National Fraternal Congress.

Dr. J. L. Hill, of Albany, is credited by a local paper with making sunshine with his gentle smile whenever he goes automobiling.

Dr. Marks, of Halsey, and Dr. Owens, of Junction City, were in Harrisburg last month, assisting Dr. Dale with an operation.

Dr. Leo W. Chilton, of Canyon City, became tangled up in a runaway last month, but fortunately he came out of it with but slight injury.

Dr. Thomas Parker, of Klamath Falls, has accepted the position of chief surgeon of the company that is building the railroad to Mt. Hood.

Dr. J. Allen Gilbert, of Portland, last month made an ascent of Mt. Hood, and was laid up with an attack of acute rheumatism in consequence.

Dr. Edwin E. Straw, of Marshfield, was looking up matters in Coquille last month. Dr. Straw is a popular mayor.

Dr. Jacob Prinzing, of Ontario, went to Rochester, Minn., last month, to be gone three weeks, with the intention of spending some little time at the Mayo hospital.

Dr. W. A. Chapman is a new physician at Woodburn. The doctor is an Ann Arbor graduate, and has had experience as house physician in the Cleveland City Hospital.

Dr. E. H. Brown, of Forest Grove, is having a new residence built. He recently had a visit from five relatives, to prevent him from having a dull season.

Dr. C. W. Edmunds and family have taken up their residence in Hood River. The Doctor is from New York City, and is an eye, ear, nose and throat specialist.

Dr. Wylie G. Woodruff, of Portland, returned last month from a several months' visit in eastern cities, where he took a post-graduate course. He is glad to get back to Portland.

Dr. and Mrs. Alan Welch Smith and daughter, of Portland, took a trip to the Yellowstone Park and other points of interest, and are expected back about the middle of this month.

Dr. Byron W. Miller, of Portland, was in attendance at Eugene last month on the trial of one Best, charged with practicing without a license. The defendant was acquitted, owing chiefly to the lack of backbone of the jury.

Dr. John M. Holt, of Astoria, of the Public Health and Marine Hospital Service, has been busy in a campaign against the bubonic plague, and has been fumigating vessels that would probably be the means of spreading the disease to the Pacific coast.

Dr. Ralph Matson, of Portland, was married last month in San Francisco to Miss Adelaide Ferrari. The marriage was a happy culmination of an acquaintance begun in San Francisco's trying time, when Dr. Matson went to California's metropolis with the state militia.

Dr. Andrew C. Smith, of Portland, went last month on a visit to a ranch in Crook county, and while getting ready to start for a horseback ride the Doctor was thrown to the ground and suffered from a dislocated ankle. He returned to Portland as quickly as possible.

Dr. A. K. Biggs, of Heppner, spent a week last month in looking after a stock ranch that he owns near Long Creek. Later he left for Chicago, where he intends to take a special course in the treatment of the eye, ear, nose and throat, and on his return he may locate in Portland.

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Washington.

Dr. E. A. Reaves, of Blaine, has moved to Bellingham.

Dr. F. A. Bird, of Kelso, was called to Ostrander last month.

Dr. O. R. Nevitt, of Raymond, is having a new home built.

Dr. A. G. Cook, of Olympia, was a recent visitor in Oregon.

Dr. H. M. Greene, of La Crosse, had a successful chicken hunt last month.

Dr. Wm. Beach, of Shelton, was at Olympia last month, to the ball game.

Dr. F. E. Wolfe, formerly of Gowan, Washington, has located at Medical Lake.

Dr. H. Z. Dean, of Reardan, was called to Edwall last month on business.

Dr. J. C. House, of Port Townsend, had a fishing trip on the Dungeness river.

Dr. W. H. Pearson, of Aberdeen, went to the seashore at Moclips last month.

Dr. and Mrs. B. L. Baker, of Everett, spent two weeks at Priest Lake, Idaho.

Dr. Chas. M. Post and wife, of Colfax, were in Coeur d'Alene, Idaho, last month.

Dr. John M. Sheets, of Buckley, called on Tacoma friends early last month.

Dr. F. W. Greiner, of Ballard, spent two weeks in Mt. Rainier Park last month.

Dr. H. M. Greene, of La Crosse, was called to see a patient last month at Hooper.

Dr. R. P. Dempster and family, of Granger, went to Lake Kachees for an outing.

Dr. J. J. Smith, of Enumclaw, is to move into new and elegant offices shortly.

Dr. G. W. H. Moore, of Davenport, visited his family in Medical Lake last month.

Dr. and Mrs. F. L. Carr, of Hoquiam, spent part of last month at Montesano.

Dr. J. Ballard, of Kelso, had a three weeks' outing with his family at Long Beach.

Dr. and Mrs. W. M. Karshner, of Puyallup, have returned from their outing at Moclips.

Dr. and Mrs. Guy W. Kennicott, of Chehalis, were in Centralia for a short visit last month.

Dr. and Mrs. C. M. Frazee, of Sedro Woolley, rusticated for awhile last month at Silver Beach.

Dr. T. C. Avery, of Stevenson, is interested in a new hospital that is being established there.

Dr. Margaret Baldwin, of Centralia, spent several days last month in Seattle visiting friends.

Dr. and Mrs. E. C. Story, of Montesano, have put in some of the heated term camping and fishing.

Dr. S. D. Blair, of Trinidad, Colo., has located at Gowan, Wash., taking Dr. Wolfe's practice there.

Dr. M. T. Dalton, of Brooklyn, N. Y., is a new acquisition at Sumas. He will join Dr. Clark in his office.

Dr. N. H. Goodenow and wife, of North Yakima, spent a couple of days at Soda Springs last month, fishing.

Dr. and Mrs. J. J. Smith, of Enumclaw, visited friends at Green River last month, and enjoyed the outing.

Dr. E. M. Adams, of Arlington, has purchased a residence, which he will fit up as a hospital, after it is remodeled.

Dr. H. M. Page, of Spokane, has joined Dr. French at Elma. Dr. Page is a graduate of Harvard Medical College.

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Dr. Wayne L. Bridgford, of Olympia, visited in Albany, Or., recently, after a visit with his parents at the coast.

Dr. G. B. Ellis, late of White Salmon, was a visitor in Davenport the 19th. The doctor is looking for a location.

Dr. H. J. Whitney, of Davenport, was a visitor to Wenatchee and Cashmere early in this month, looking after his fruit interests.

Dr. and Mrs. F. E. Whittaker, of Palouse, went on a camping trip on the upper St. Joe river, and were gone three weeks.

Dr. H. R. Bankerd, of Springdale, has sold his practice and gone to Ohio. His successor is Dr. D. H. Lewis, recently from St. Louis.

Dr. E. R. Mohrmann, of Arlington, has sold his hospital to Dr. Jos. Harris, of Seattle. Dr. Mohrmann contemplates locating elsewhere.

Dr. John S. Walston, of Montesano, has sold his practice to Dr. Wolfe, on account of ill health. Dr. Walston will go to his old home in Kentucky.

Dr. Walter C. Russell, of Walla Walla, has returned from a several weeks' tour, which embraced parts of British Columbia and Puget Sound points.

Dr. M. G. Harrell, of Ellensburg, took his vacation in a trip to Tennessee. He reported himself as being glad to get back to the Ellensburg climate.

Dr. M. M. Stiles, of Walla Walla, is credited with growing the biggest peach in his town. It weighed eleven ounces, and measured eleven inches in circumference.

Dr. J. F. Whittaker, of Palouse, a son of Dr. F. E. Whitaker, has joined his father in the practice of medicine. The young man has just passed his state examination.

Dr. Rose A. Bebb, of Tacoma, who is state bacteriologist, has moved her office to Seattle because of the parsimony of the city authorities in allowing her certain small bills.

Dr. Josephine Whitney, of Davenport, left on the 24th ult. for a visit with her parents in Cleveland, Ohio. She will remain East until November 1st, then will spend the winter at Los Angeles, Cal.

Dr. Frank W. Greiner, of Ballard, recently had a narrow escape from asphyxiation. He went down a well to rescue a man who had been overcome by noxious gas. The well digger was dead when brought to the surface.

Dr. Wayne L. Bridgeford, of Olympia, spent a few weeks' vacation at Newport this summer. The doctor is an enthusiastic autoist, and recently made the trip between Olympia and Tacoma, 32 miles, in an hour and seven minutes.

Dr. F. A. Bird, of Kelso, was a recent visitor in Portland. The Doctor has recently been appointed State Health Officer for the Kelso district. He has charge of the registration of physicians in Kelso and the reporting of all vital statistics for the district.

Alaska.

Dr. Henry C. DeVighne has removed from Wrangell to Douglass.

Idaho.

Dr. Wm. A. Adair, of Moscow, was in Wallace last month.

Dr. Mowery, of Wallace, was a caller at Larson last month.

Dr. J. W. Givens and wife, of Orifino, were Lewiston visitors recently.

Dr. P. L. Payne, of Meridian, was a Nampa pisitor last month.

Dr. F. A. Campbell, of Grangeville, has purchased a fine new team.

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Dr. E. E. Maxey, of Boise, recently visited his parents at Caldwell.

Dr. and Mrs. W. D. Springer, of Boise, were recent visitors in Nampa.

Dr. B. F. Miller, of Nampa, was calling on his friends last month at Boise.

Dr. Waldrop and family, of Caldwell, had a pleasant outing in Long Valley.

Dr. H. A. Brereton, of Boise, has returned from a ten days' trip to Denver and Colorado Springs.

Dr. C. L. Kirtley, of Custer, was married early last month to Miss Josephine Malm, at the home of the bride's parents, at Challis.

Dr. and Mrs. St. Jean, of Wallace, Idaho, left last month for a month's visit in the East. They were serenaded by a local glee club before their departure.

Dr. C. C. Phillips, of Lewiston, has sold his fine residence to an Eastern party, but will continue to reside in Lewiston. It is not his intention to leave the town.

Dr. Robert L. Nourse has returned to Idaho, after a year and half course of post-graduate work in New York and European clinics, for the diagnosis and treatment of diseases of the eye, ear, nose and throat. He has concluded to limit his practice exclusively to those branches, and has opened an office in Boise.

Montana.

Dr. Alfred Karsted, of Butte, is the tennis champion of his city.

Dr. James M. Sligh, of Anaconda, has returned from his vacation trip.

OBITUARY.

The death was announced the 25th of last month of Dr. James M. F. Browne, at the sanatorium at Boise, Idaho, of cancer. Dr. Browne was a resident of Oregon for more than 30 years. He came in the early '70s and delivered lectures in the medical department of the Willamette University, and in 1880 he went to Roseburg, where he was principal of the public schools for several years. Afterward he returned to Portland, and again became a lecturer in the Willamette University. He also became grand medical director of the Ancient Order of United Workmen, which place he filled for a number of years until his departure for Idaho, where he was connected with a sanatorium. Dr. Browne was highly educated and was considered one of the foremost lecturers on medical topics. In addition he was well versed in general literature. He was a man of fine physique and commanding personality.

Dr. E. P. Townsend, of Billings, died on the 1st of August, partly as a result of injuries he received last winter when answering a sick call during the excessive cold weather. Dr. Townsend was employed as government physician at Lame Deer, and when taking a winter drive he froze both his feet, and it was necessary to amputate several of his toes. He had been confined to his house since this occurrence. Dr. Townsend went to Montana fifteen years ago from Camden, N. J., where he had been engaged in the practice of medicine. He was born in 1833. He leaves a widow and two children.

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MEDICAL SENTINEL

OCTOBER
1907

Volume XV **Number 10**

Notes

The Franklin County Medical Society (Wash.) has issued a new fee bill, raising the rates very generally.

According to the semi-annual report of the State Board of Health, the death rate of Oregon is only eight per thousand.

The Board of Health of Portland have taken a taken a very wise step in cleaning up the water front and exterminating the rats of that region.

Dr. Sullivan, of Butte, ought to know, and he insists that there is too much politics in the ordinary health board. Those who watch matters from the outside agree with this.

The meeting of the Central Willamette Valley Medical Association at Corvallis on the 5th ult. was a successful one. There was a good attendance, and some interesting papers read.

Typhoid fever has made its appearance at Pendleton, and the cause is ascribed to poor water. Water supplied to the citizens is of such a character that the physicians say it must be boiled.

The schools of Portland will be inspected each week by a corps of

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young physicians, under the direction of Dr. Esther C. Pohl, the City Health Officer. This will be done without cost to the city.

The physicians of Spokane have revised their scale of fees, increasing all along the line, except for surgical operations. The rate for house calls is to be $4 instead of $3 and $2.50. Night calls are to be $6 instead of $5.

On September 3rd the Snohomish County Medical Society held a meeting at Everett, and about 25 members were present. Attorney Robert McMurchie read a paper on the Medical and Legal Profession, and Dr. J. B. Eagleson, of Seattle, read a paper on the life of Sir Astley Cooper.

Dr. Underhill, the health officer at Vancouver, B. C., had quite a time on his hands, getting some lately arrived Hindoos into sanitary condition. One of the more intelligent Hindoos among them told the Doctor that the only way to treat them was to call them "sum of the earth" and order them in the harshest tones to clean themselves.

There is no more worthy cause than the Open Air Sanatorium of Portland, for the care and treatment of those suffering from tuberculosis of the lungs. There is each year a deficit, partly because a good many patients are unable to pay even the very low fees which are demanded in view of the expense of running the institution.

There will be an examination, under the auspices of the U. S. Civil Service Commission at Astoria, Baker City, Eugene, Portland, Bellingham, Seattle, Spokane, Tacoma and Walla Walla, on October 23rd and 24th, to fill a vacancy in the position of anatomist (male) at $1600, in the Army Medical Museum, office of the Surgeon General.

Dr. Arthur E. Burns, who has been abroad, studying the eye, ear, nose and throat, and especially the sinuses of the head, gives some excellent hints in this issue of the Medical Sentinel to those who propose to

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take similar trips abroad. Dr. Burns has been a resident of the state of Washington for eighteen years, and is well known to the profession. He will open an office in Seattle for the practice of his specialty, and his many friends predict for him great success.

The Washington State Medical Society had a good meeting at Seattle, and decided to meet next year at Walla Walla. Officers for the coming year were elected as follows: President, Dr. C. N. Suttner, of Walla Walla; First Vice-President, Dr. W. H. Axtell, of Bellingham; Second Vice-President, Dr. R. T. Black, of Vancouver, Wash.; Secretary, Dr. C. H. Thompson, of Seattle; Treasurer, Dr. L. L. Love, of Tacoma; Delegate to the American Medical Association, Dr. J. R. Yocum, of Tacoma; alternate, Dr. J. G. Cunningham, of Spokane. It was decided to extend an invitation to the state societies of Idaho, Oregon, Montana, California and the society of British Columbia to meet in Seattle in 1909. The judicial committee was instructed to take some action relative to the closer cementing of state and county legal and medical societies, as it is desired to bring those two professions closer together for the common good.

An Interesting Movement.—While the Medical Sentinel is trying to attend to its own affairs, and give its readers a good, local medical journal, it may be pardoned for going so far afield as Michigan, to refer to a movement that is being made in opposition to the present-day methods of the men in control of the American Medical Association. The following is a call for the medical men of Berrien County. It is signed by Dr. Simeon Belknap, President, and Dr. C. M. Ryno, Secretary. It reads as follows:

Benton Harbor, Mich., Sept. 16th, '07—Dear Doctor: There was organized at Niles, Mich., September 10th, 1907, a new medical society, to be known as the Berrien County Regular Medical Society. It is founded upon the Constitution and By-Laws of the old county society, and upon the original "Code of Ethics" of the American Medical Association. The object of this society will be: To realize socially and professionally, every benefit incident to a perfect organization; to secure a body of men who will foster true professionalism; to purify our profession, so far as may be, andr purge it from the spirit of commercialism, and the practice of charlatanism; to encourage medical honesty; to promote accuracy and proficiency; and, above all, to inculcate that spirt of fraternity which will be in the highest degree beneficial to both doctor and patient. If you believe in such a society, independent and untrammelled, one that does not make you the tool of the medical politician, or the integral part of a trade union, founded upon science and equity, with equal rights to all and special privileges to none, come with us. Kindly sign the enclosed postal and you will be notified of our next meeting.

C. M. RYNO, M. D., Secretary.
DR. SIMEON BELKNAP, President.

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Editorial Notes

A Medical Editor on His Journeyings.—Our very good friend, Dr. C. F. Taylor, the editor of the Medical World of Philadelphia, and President of the American Medical Editors' Association, was in Portland during the summer, and, with his estimable wife, had a grand tour along the Pacific coast as far south as Los Angeles, and home through Colorado. He describes his journey in the September issue of his magazine with the enthusiasm of that perennial youth for which the doctor is noted, expresses his delight at the staid character of Portland, writes a poem to Hiawathan meter on "The Legend of Spirit Lake," and gives every evidence of having reaped a world of good from his trip. He writes entertainingly of his trip, and at the end of his magazine gives some observations of an extra-medical character on the politics of the day from a socialistic standpoint, and says as a "patriot, not a partisan, that for our next president we want Roosevelt or Bryan, not much difference which."

Dr. Taylor is doing a good work, and enjoying it as he goes along. If he lives to be eighty years old—which we believe he will—he will still retain clearness of vision and energy of purpose. He will be a young old man. He will, perhaps, go a little harder than he does today for the proprietaries whose formulae he does not approve, and will differ as strongly as he does today with the A. M. A. Journal, which proposes to cast out of the fold all manufacturers of pharmaceutical preparations that have not been passed upon by some committee or other that somebody has appointed.

A Danger Always Present.—The suggestion has often been made before, and it may be made again and again, that the greatest danger the doctor has to guard against is, not bad weather or contagious disease, but designing woman. A story is told in a contemporary of a reputable physician in Detroit who was called to visit a patient whom he had never seen before. He found her in a boarding house, complaining of symptoms of a hard cold, for which he prescribed. He heard nothing more of her until he saw in a newspaper that he was accused by this woman of procuring an abortion on her. She was a janitress, and was found by another physician suffering from sepsis, due to a blundering attempt to procure an abortion. She charged the first physician with being the guilty party. The prosecuting attorney and stenographer took what was supposed to be her ante-mortem statement. Fortunately, she got well. The physician was charged with the crime, and the trial was had. On cross-examination she broke down, and admitted that she had lied to shield herself, as she thought she would be sent to prison if she did not accuse someone. Suppose she had died! Physicians cannot be too careful, not merely in their own offices, but in rooms to which they are called. The sword may fall upon them at any time, under conditions where it would be the least suspected.

Advantages in Vienna.—The Anglo-Saxon temperament is responsible for much world-development; but its

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great respect for the bodies of its dead is responsible for lack of opportunity in New York, London, and other large Anglo-Saxon centers for students to acquire much needed knowledge. When one asks why it is that Vienna is par excellence the place for the medical student, the answer comes in the fact that the dead human bodies are available there in numbers sufficient to supply the demand for investigation. The communication of Dr. Burns in this issue of the Medical Sentinel brings that fact out more clearly than we have seen it for some time. Vienna renders a service to the world which cannot be overestimated in its willingness, in the interest of humanity, that thousands of those who die within her boundaries shall add to the knowledge of science by post-mortem examination.

What Does a European Trip Cost?—There is no practical question of more interest to those medical men who are thinking of going to Europe for study, than—what will it cost? Read Bayard Taylor's book, describing how he, with a knapsack on his back, saw Europe on fifty cents a day or less, and then read the current newspaper article describing how the new rich pay $4000 for a suite of rooms on the latest Atlantic racer, and corresponding prices for hotel corner apartments in Paris and Rome, and then you are not much wiser. The student doctor comes somewhere between the two, but whereabouts does he come? He can cross the ocean on a comfortable steamer for $150 the round trip, first cabin, with $30 for tips. This, assuming that he goes alone. Accompanied by his wife, the charges will be about double. Railroad fares in Europe, for a class corresponding in comfort to the American first class, will cost from two to three cents a mile. Distances, it must be remembered, are short there, compared with this country. In such a large city as Vienna, pension rates are much less for equal accommodations than they would be in New York. Very comfortable quarters can be obtained for $1.50 a day, including rooms, service and two meals. Something must be allowed for tips to servants, but there is no need to throw away money at this, remembering that where a tip of twenty-five cents would be given in the United States, five cents, or ten at the outside, would be plenty in Europe. If, as a recreation, one wants to take in the opera or other amusements, if his tastes require that he take an orchestra chair, he will have to pay as much as in New York; but in one of the upper galleries, where the music sounds just as sweet, he need spend less than a dollar for a seat. Streetcar fares, cabs, and such expenses will average just about half what they would in this country. Clothes are much cheaper. Fees at the hospitals and clinics are smaller than in this country.

With these suggestions, the intending traveler should be able to figure out pretty well what it will cost him, and determine whether such a trip is within his means. One thing is certain—his prestige is added to by a course of study abroad, and deservedly so, if he devote his time and attention to hard work. If he is a lover of the fine arts, he will find that a change of occupation will rest him, and an hour a day spent in the marvellously beautiful galleries of Vienna—if he study there—will add to his knowledge, and at the same time give his mind a rest from his professional studies.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

THE PHYSICIAN AS A FINANCIER

The very excellent article published in this issue of the Medical Sentinel, by Dr. J. C. Woodward, of Payette, Idaho, on Business Methods and Systematizing, is entirely consistent with the theory that the chief aim of practicing medicine should not be to make money. Some people estimate success in whatever calling may be under discussion, by financial returns. The profession of the ministry is one, success in which none but the most hardened money grabber would fo ra moment claim should be measured by dollars and cents. The medical code of ethics assumes that monetary consideration is not the primary one in this profession. Dr. Woodward has done a service by urging business-like methods in making collections, and in keeping books. There is no reason whatever why those who are able to pay a physician should be permitted to slink in under the cloak of charity, and get for nothing the services of the doctor. Business-like methods must be adopted by the physician, if he would be ready when the time comes, to pay his grocer, dry goods man, rent collector, and to put some by for a rainy day.

The quack who advertises in the newspapers is in the business solely for the money there is in it. He performs no acts of charity. If there were any other business opening, in which he could make a little more money, he would be in that. He would just as soon run a saloon as a quack doctor's office. The cupidity of the public is what he profits by, and it is marvellous what a success he makes. One would suppose that the public schools, and a general elevation of the educational standard of the people, would tend to cut off his fees and lessen the number of gullible individuals who wend their way into his parlors. But such is not the case. As a matter of fact they seem to increase in number, rather than diminish.

If the physician is not to have for his primary object in life, the sordid purpose of getting all the dollars he can, neither should the medical college. There are in this country medical colleges whose

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purpose in life is as unworthy as is that of the quack doctor who inserts flaring advertisements in the newspapers, and has his name carved on the sidewalks to lure the unsuspecting public into his garish offices. The great colleges of the country—Harvard, Yale and others that might be named—have no thought of making money on their students. They measure success, not by the amount of money they can make in the year, but in the amount of good work they can do.

The medical colleges of today should at least occupy as high a plane in this regard as the general colleges of the country. They give the young physician a bad start in life, if they run for the money there is in it. That there are such colleges, cannot be denied. Students frequently put in an appearance from these places of instruction—some in the middle west, and some in the south—at examinations held by our state authorities, and they are speedily discovered as having been inadequately instructed. The poverty of their teachers in ability shows itself, and these students are cogent examples of the evils that would follow in the path of general reciprocal laws, admitting into states with a clearer idea of the duty of the physician, men who had had the misfortune to stray into the classrooms where the dollar sign occupied the place of honor.

A Harvard professor once said that if there were no other way for him to do it, he would pay Harvard a salary for the privilege of being permitted to lecture to his class. There are professors in some of the medical colleges who would do the same thing, because of their love of the work. We know of no higher ideal for any college professor to achieve.

WHERE DOES THE DRUGGIST STAND?

It is to be presumed that a journal devoted to the drug business, which has been published for nineteen years, represents to a large extent the trade which patronizes it and keeps it alive. So far as it is "yellow" it may not represent the ideals of the men who sell drugs; but it would be supposed that it could not flourish in a region of high-minded druggists unless it, to a certain extent, preaches high morals to the trade. With these preliminary views on the subject, we have been much interested in an editorial in a publication devoted to the drug business, published on this coast, in which there is a discussion as to the merits of girl clerks. The editor does not seem to approve of the girls as clerks, and facetiously, and perhaps incidentally, suggests that a man customer would not look well waltzing up to Miss Vanity and asking for some Big G, and then ask the girl if she thinks it will do the work.

But the particular feature of this discussion that we desire to call attention to is a paragraph in which the writer suggests that a customer will go to the clerk and ask for something for kidney and liver trouble. In all probability, if a girl, she will sell him something for

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a dollar that cost the druggist 67 cents, but the man clerk "would have advised the use of something containing buchu, palmetto, hydrangea, etc., and brought out a bottle of your own Buchu and Palmetto compound and sold at the full price a preparation which cost you about 35 cents." One naturally asks if the writer is serious? He seems so. He says further on that "there's no getting around it that the girl cannot take the place of a man in the drug and patent medicine departments, and the quicker you try the experiment and convince yourself that you are wrong, the better your bank account will be." That seems to be serious. Are we to commend the argument above, which involves much akin to substitution, and, what is worse, counter prescribing?

The law of Oregon relating to the practice of medicine does not contemplate that a drug clerk shall diagnose a case, or take the diagnosis as given by the sick man, and then prescribe an alleged remedy that is already on the shelves behind him. The law of this state says that "any person shall be regarded as practicing within the meaning of this act who shall, for a fee, prescribe, direct or recommend for the use of any person, any drug or medicine or agency for the treatment, care or relief . . of any infirmity or disease." Whether or not a clerk who charges an extortionate price for a preparation is thereby securing a "fee" for his employer, is open to question. Some quacks try to get out of the difficulty that faces them in a court of justice by stating that they charge nothing as a fee for prescribing; they charge only for their medicines. But this is beating behind the bush, which appeals strongly, of course, to the defendant and his lawyer, but it should appeal to no one else.

Some day there should be written into the medical law of this state a further clause, defining more fully what is practicing of medicine. It should provide that he practices who "recommends or prescribes any form of treatment for the intended palliation, relief or cure of any physical or mental ailment of any person, with the intention of receiving therefor, either directly or indirectly, any fee, gift or compensation whatsoever."

In the meantime, we would like to ask seriously whether the druggists of Oregon and the Pacific coast delight in the description of the way they are advised to conduct their business—to sell the man afflicted with kidney or liver trouble, for a dollar, something of their own make, costing them 35 cents, a large part of the extortionate profit to go as a reward for having behind the counter a smart young man whose business it is to diagnose and prescribe? We don't believe that the druggists regard this is an agreeable description of the way their business is done. If we are correct, how is it that a drug journal is, without protest, allowed to set this forth as a desirable plan of selling medicines?

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THE SURGICAL TREATMENT OF GOITRE

By ANDREW C. SMITH, M. D.
Portland, Ore.

Read before the Oregon State Medical Society, July 12, 1907

The surgical treatment of goitre is the subject of much interest in the medical world today, for it is now known that the thyreoid, when the seat of this disease, may be surgically remedied with very small percentage of mortality, and with great satisfaction in results to patient and operator. It isn't long ago since the victim of goitre, and especially of the exophthalmic type, was rejected as one to whom relief might be given after the usual routine of medication had proved inefficient. It must not be concluded, however, that inasmuch as surgery has obtained brilliant results in the relief of goitre, that it should be resorted to in all cases. Far from it; for when we consult the statistics, we find that in fully 90 per cent of all cases, and from 60 to 70 per cent of the exophthalmic type, a cure may take place by medicinal or serum therapy, if, indeed, it do not take place spontaneously, which it so often does, with credit for the result, to the last drug, or procedure, made use of. In discussing the surgical treatment, therefore, we must determine what cases are medical and what are, or will probably become, wholly surgical. In the simpler forms of goitre, especially those of purely parenchymatous type, and more particularly those of this type occurring in adolescent females, no one of surgical conscience would think of operating, although a small percentage of them do finally become surgical. The rule of first applying medical treatment should be resorted to in nearly all cases until it has been determined that they are not amenable to such treatment, and that they are producing subjective or objective symptoms which demand relief.

In the early treatment of goitres not accompanied by Graves' disease, recourse should be had to the usual remedies, and particularly, I believe, to the use of iodide of potash. This should be used internally, may be for months, unless, of course, the occurrence of tachycardia, or exophthalmos, or tremor should arouse the suspicion that Graves' disease were developing, when, of course, any suggestion of iodine should be discontinued. If, after the use of iodide, no improvement results, and on the contrary disturbing symptoms appear, it is well to classify the case as surgical, before exophthalmia or other serious results supervene. But even an exophthalmic case should be treated non-surgically for a reasonable time, until it is demonstrated that it is not amenable to medical treatment.

One of the most unpardonable sins in the modern practice of medi-

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cine, to be compared, perhaps, to the treatment of acute osteomyelitis as rheumatism, is the treatment of exophthalmic goitre with thyreoid extract, with perhaps the still further adding of fuel to the flame by administering iodine in any form. 'Tis, perhaps, always better to know what *not* to give than to have a wide smattering of many remedies, with a strenuous tendency to administer them all. This would apply especially to the treatment of exophthalmic goitre; for, while the administration of thyreoid extract or iodine in this disease will do great harm, the administration of remedies that are recognized as beneficial are of doubtful value in the aggregate, even though they accomplish good in selected cases; therefore, I repeat, it is better no treatment at all than a floundering one, which would permit the use of objectionable remedies, while Graves' disease is perhaps impending, though exophthalmos and tachycardia be not yet present.

In the treatment of exophthalmic goitre, while all are agreed that thyreoid extract and iodine are to be avoided, there is no such harmony of opinion as to the value of the various remedies used. However, few will deny that belladona is of service; that hydrobromate of quinine is beneficial, and that strychnia is at times valuable, while codeia is the least objectionable opiate. The X-ray has a marked effect in many cases, and should always be given a trial. Whether its action is by stimulating the growth of connective tissue, thus producing some stenosing effect on the lymphatics, or by some physiochemic action on the colloid secretion, is a question, but the clinical fact, I believe, remains, that it is markedly beneficial in some cases.

Much is now being claimed for serum therapy in the treatment of exophthalmic goitre, and there is no doubt that beneficial results are being obtained in many cases, and an effort should perhaps be made along these lines, if there is not urgent demand for surgical relief, before resorting to operation.

I cannot speak from experience of the specific sera that are being used, but during the discussions in the A. M. A. recently I noted that they had strong adherents. Halstead, who is a consistent advocate of excision of thyreoid in Graves' disease, made the bold statement at this meeting, that Rogers' serum, or one of its kind, will be very generally resorted to in future, in exophthalmic goitre. This serum is prepared from excised human thyreoids, by extracting the nucleoproteids, and globulins. A diet of the milk of thyroidectomized goats was well spoken of by some, and from a theoretical point, and the clinical results reported, it seems worthy of trial.

ANAESTHETIC.

There is a difference of opinion among different operators as to the choice of anaesthetic in thyreoidectomy. Mayo prefers ether, by the drop method, preceded by the administration of morphia and atropia, while Kocher, Miculicz, and many others of special experience in this work prefer local anaesthesia. I have done seventeen of these operations, all of which but four were under local anaesthetic. I use the Schleich solution, which is a weak solution of eucain, which can be sterilized by boiling without deteriorating the drug, preceding it with a morphia and atrophia injection, ¼ of the former and 1-100 of

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the latter as recommended by Chas. Mayo; then, by going over the line of the incision with an application of carbolic, followed by alcohol, the surface is benumbed, so that the solution can be thrown across the entire line of incision with a long needle, producing an infiltration which is very satisfactorily anesthetic. In the deeper portion of the incision the infiltration may be repeated if necessary. This does not cause the engorgement which general anesthesia does, and avoids the danger of asphyxia, and permits the patient to phonate at any time at the request of the operator, which is a great satisfaction when ligating a bleeding area in the region of the recurrent laryngeal nerve.

OPERATION.

The collar incision of Kocher is the preferable one, for from it may be gotten better exposure, and much less deformity. The cut may be made in the wrinkle of the neck, going directly through the subcutaneous tissue and the platysma. The length of the incision is planned according to the size of the tumor, extending, if necessary, from the posterior surface of one sternomastoid to the other. If but one lobe is to be removed, it need not be carried farther than the median line. The sterno-thyreoid and hyoid muscles are well retracted, and if necessary cut off; if necessary to do this, it should be done well above the line of incision so as to interfere less with the nerve supply and to avoid depression of the scar. At this stage of the operation a plexus of thin-walled veins will be encountered, which should be carefully cut between double ligatures. This precaution is necessary, not so much to save blood as to avoid the danger of air embolism, and sudden death. It is a mistake to yield to the temptation to dive down after the affected lobe and deliver it onto the surface before the exposure is complete, and the retraction ample. This should be secured at the expense of section of all necessary muscles. However, it is rarely necessary to entirely sever the sternomastoid. Now is the time to elevate to the surface the upper pole of the lobe more affected. When this is elevated to the wound, the superior thyreoid is cut between ligatures. Then the lower pole is elevated into the wound, the capsule reflected off by blunt dissection, and the inferior thyreoid is tied close to the tumor. This is the most critical point in the operation, as the recurrent laryngeal nerve is in danger. When such men as Kocher, Mikulicz, Halstead and Mayo admit constant fear, and occasional injury of this nerve, it is evident that the danger is real. However, when the ligating of this vessel is within the capsule it reduces the danger to the minimum, as it should be, and generally is out of sight, with the capsule intervening between it and the ligature. Here, I repeat, is where the local anesthetic is a comfort to the operator, and even a satisfaction to the patient, even though he experiences much discomfort. I know of nothing more satisfactory to one's ear than to have the patient respond with distinct phonation while tying off a suspicious area which might contain the nerve.

The raw area of cut gland should be swabbed with carbolic acid and alcohol, to aid in preventing the absorption of secretion.

The large incision is closed by subcuticular suture, the platysma

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being previously approximated with fine cat-gut to prevent dimpling of the wound. It is well too to use drainage through a stab wound in the suprasternal notch, thus giving more dependent drainage, and not interfering with the healing of the wound.

The use of the continuous rectal saline solution for two or three days after the operation, as recommended by Murphy serves a splendid purpose by keeping the lymphatics full, and thus preventing absorption of thyreoid secretion.

I have had no more satisfactory results in any field of surgery than in my operations for goitre. The disability lasts but a few days and the results are highly pleasing to patient and operator. As this class of work seems to be quite generally shunned by the surgeon, it would seem a duty to call frequent attention to the desirability of operation, so that many more sufferers from these thyreoid affections should be afforded relief.

We should be on guard in all our goitrous cases that are not considered severe enough to demand surgical treatment, for the appearance of hyper-thyreoidism, or Graves' disease, which stands conspicuously on a tripod of symptoms—tachycardia, exophthalmus and thyreoid hypertrophy, but one or two of these classic symptoms may not be at all times apparent. Such complicating symptoms as emaciation, anaemia, vomiting, throbbing arteries, depression, temperature, headache and general neurasthenic disturbances, should not obscure the above mentioned triune symptom complex of Graves' disease.

If the diagnosis is made early treatment will cure the majority of these cases of hyperthyreoidism, which otherwise might run a fatal course. The cases which will not submit to rest, diet, hygiene and medication, with X-ray or serum therapy as a final effort, should be submitted to operation before too far advanced. All cases of exophthalmic goitre should be considered surgical that have resisted a well applied course of treatment, excepting the very small percentage of cases that will be considered inoperable because of heart contraindications.

In operating in any class of goitrous cases it is well to avoid removing what are sometimes considered enlarged lymphatic glands, but which in reality may be parathyreoids. The statistics show that tetany is much more common after thyroidectomies in which these glands have been removed. They may become very valuable, too, should it become necessary to entirely remove the thyroid gland at a future operation.

Advantages and Disadvantages of Simple Extraction of Cataract.

Edward B. Coburn, New York, gives an accurate comparison of the methods of cataract extraction, stating the advantages and disadvantages of the simple and combined methods. He concludes that perfect success and average vision are more frequent in simple than in combined extraction of cataract, while iritis, prolapse of the vitreous, suppuration, and total failure are more common in the combined method. While both methods have their fields of usefulness, simple extraction is the best method for removing mature, senile cataract.—Medical Record, September 21, 1907.

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SANATORIUM TREATMENT OF TUBERCULOSIS IN THE NORTHWEST

By E. A. PIERCE, M. D.
Portland, Ore.

Read before the Oregon State Medical Society, July 12, 1907

Mr. President, Members of the Oregon State Medical Society, and Guests:

My desire to present a paper on the Sanatorium Treatment of Tuberculosis in the Northwest at this meeting was prompted by the belief that the advantages of climate west of the mountains for this disease are not fully appreciated by the profession at large. With the laity, at least, the opinion prevails that there is too much rain here, and that a tuberculous patient requires a high altitude, and also one where there is the greatest amount of dryness and sunshine. It is with a view of bringing out a general discussion on this subject that this paper is offered. To better present my experience in this climate the Portland Open Air Sanatorium is quoted on account of its being the only institution of its kind in the Northwest, and affords a good opportunity for the study of quite a number of patients under treatment.

The Sanatorium was opened on January 5, 1905. On November 1, 1905, I assumed charge of the medical department. From November 1, 1905, to October 31, 1906, 137 patients were admitted for treatment. Average number of days remaining at the Sanatorium, 70 1-3. No cases are reported who have not been under treatment 30 days.

Condition on entrance:

Early or incipient stage	15
Advanced	18
Far advanced	57
Total	90

Results obtained:

Apparently cured	9
Arrested	22
Improved	33
Unimproved	26
Total	90

Number of patients whose sputum contained tubercle bacillus, 81.
Number who gained weight, 64.
Number who lost, or whose weight remained the same, 26.

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I attempted to make a comparison between the weights and temperature of the coldest and the warmest months of the year, but found it difficult to make a true comparison, for the reason that the conditions of the same patients had changed in the time between the dates, and that it was also hard to find cases of equal severity to compare. However, I am positive that during the coldest and rainiest season the patients do far better than during the hot months, which are the most unsatisfactory of any part of the year.

As nearly as I was able to do I have conformed to the practice of examination and classification of Dr. Edward Trudeau, of Saranac Lake, N. Y.

Definition of terms employed by Dr. E. L. Trudeau:

1. *Incipient*—Cases in which both the physical and rational signs point to but a slight local and constitutional involvement.

2. *Advanced*—Cases in which the localized disease-process is either extensive or in an advanced stage, or where, with a comparatively slight amount of pulmonary involvement, the rational signs point to grave constitutional impairment or to some complication.

3. *Far Advanced*—Cases in which both the rational and phyiscal signs warrant the term.

4. *Apparently Cured*—Cases in which the rational signs of phthisis and the bacilli in the expectoration have been absent for at least three months, or who have no expectoration at all; any abnormal physical signs remaining being interpreted as indicative of a healed lesion.

5. *Arrested*—Cases in which cough, expectoration, and bacilli are still present, but in which all constitutional disturbance has disappeared for several months; the physical signs being interpreted as indicative of a retrogressive or arrested process.

Hospital and Sanatorium statistics are in a large measure unreliable, for the reason that each examiner has his individual classification or idea of the lesion and extent of involvement in his cases, hence it is difficult to reach common grounds on which to base comparative results.

Microscopic examinations of all sputum have been made by Dr. Ralph Matson, the State Bacteriologist, and the slides and results are kept as a part of the records of the State Health Board.

It will be noticed of the ninety cases reported that but sixteen were incipient or early cases. The advanced and far advanced cases were admitted temporarily (contrary to the practice of many of the large institutions) for the educational advantages of teaching them how to better protect themselves and their associates in their homes. My observations have convinced me that the greatest benefits have been received during the cloudy and rainy season; that the patients eat and rest better and take on weight more rapidly and that febrile symptoms subside more quickly. Also that patients coming from high, dry altitudes improve more rapidly than those who have resided in low altitudes.

Prominent among the early symptoms of the disease are rapid pulse, accelerated breathing and fever. In the active stage of the disease the removal of the patient from the higher to the lower altitude

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produces a physiological change which is of benefit in lowering the nerve tension, reducing the rapid respirations, and in allowing of perfect rest, which is so essential to the control of the fever. The humidity is so great that the air is practically free from particles of dust which so irritate the respiratory passages, and the great amount of cloudy weather precludes the enervating influences of the direct rays of the sun.

In this climate the temperature changes are so mild and equable that the patient can live in the open both summer and winter, without discomfort, thus insuring at all times an adequate amount of pure air.

In the convalescent stage of the disease the advantages of the higher elevations is in my opinion of much value in restoring the respiratory efforts to their normal or renewed capacity.

In conclusion, I beg to submit the following questions:

Do not the results obtained at the Portland Open Air Sanatorium justify the belief that this climate is as well adapted for the successful treatment of tuberculosis as any other?

Is there too much cloudy and rainy weather here for the tuberculous patient?

Is not the low altitude as beneficial as the high for the active stages?

Is not the excessive heat of the arid states too enervating for the consumptive, particularly for those who reside in this climate of so great humidity?

Are not the dust and wind storms of the elevated regions and arid plains irritating to the respiratory mucous membranes?

The Milk Supply of Washington, D. C.

G. L. Magruder, Washington, D. C. (Journal A. M. A., Sept. 28), gives an account of the measures taken to secure a proper milk supply in the city of Washington during the past year. The prevalence of typhoid fever had called attention to the milk supply, and an investigation by the Bureau of Public Health at the instance of the District Commissioners had revealed a deplorable state of aairs, 10 per cent of the cases of fever being directly traceable to milk infection. In September, 1906, Dr. Magruder had a conference with the Secretary of Agriculture, whose interest was aroused and an inspection of dairy farms was instituted as had been recommended by a committee of the medical society of the District as far back as 1894. Remarkable conditions were found to exist. The water supply of 60 dairy farms, taken without selection, was found unsafe in as much as 25 per cent.; 45 per cent. showed the presence of the colon bacillus. The investigations have been followed up by both the Department of Agriculture and Public Health Bureau, and the result has been the organization of the District Milk Commission under the chairmanship of ex-Surgeon-General Sternberg of the army, and including in its members a number of the scientific officials of the Health Bureau and the Agricultural Department. The recommendations and reports of this commission and subcommittees are given in abstract and form the the greater part of this article.

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THE DEFECTS OF ORDINARY INSURANCE EXAMINATIONS

By WM. KUYKENDALL, M. D.
Eugene, Oregon

Read before the Oregon State Medical Society, July 12, 1907

Perhaps the average physician would be more interested in the question of how to get an adequate fee for insurance examinations, especially from the benefit orders, than in a study of defects in the examiners' work.

To the more thoughtful, the less commercial in our ranks, the subject suggests a double problem:

First—How can we raise the standard of insurance examinations, how do the most careful, intelligent and honest work, and then how can we induce companies and orders to pay the kind of fees that such work deserves.

The writer is in full sympathy with the demand for better fees, but he also believes that the profession is greatly handicapped in this demand by the kind of work done by the average examiner. Where one examination out of every seven sent in to the home office is radically defective at some point, the demand for better pay is very likely to be neutralized by the demand for better work.

The real problem in insurance examination is identical with the great problem of medical and surgical practice in general. Not how to get the largest fees, but how to get the largest comprehension of the work, and then how to apply this, practically, so as to get the best results. We must give careful, intelligent and honest work to this branch of our business, and thus place ourselves in a position to demand adequate fees.

During the last ten years it has been my province to examine about 50,000 applications for insurance in a certain benefit order. As intimated above, one out of every seven of these examinations was defective in some way. The territory from which they came was Oregon, Washington, California and Nevada. The work was thus that of our fellow physicians.

These defects may largely be classed under three heads. Those of (1), Carelessness; (2), Ignorance; (3), Dishonesty.

1. These are the result of sheer carelessness, such as failure of examiner to sign or to have the applicant sign the papers, failure to insert the urinary analysis, answering "no" to a question that should be answered "yes," through pure inadvertence, and the like.

2. The defects of ignorance are illustrated by making answers

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that show evident misconception of the principles of insurance, and the purpose of the questions in the blank. As an example of this, the rating of an applicant as first class, who is simply in good health, but whose personal or family history is bad, or whose bodily measurements are out of normal proportion. Giving vague answers to questions in family history which fail to clear up suspicion of tuberculosis or other radical defects. Incomplete answers, such as failing to state date of attacks of appendicitis, or, if recovered whether operated on or not, and, if so, kind of operation.

3. This class is not often found, but may be described as defective or unsatisfactory answers, which are apparently made with intent to deceive the head medical office. Of these it is hard to give samples, as evidence of intent to deceive is usually circumstantial and often merely raises a suspicion. Defects growing out of dishonesty are so rare and so little subject to remedy, that I shall drop them with this mention and devote my attention to the other two classes.

1. Defects due to carelessness and haste are the most common. The frequency with which they occur among the examinations I receive, astonishes me. The work of the physician and surgeon is such as to constantly drill him in painstaking care. He must always have before him the thought that carelessness on his part may cause death to his patient, or work a serious damage to his own professional reputation. One would suppose that habits of care, thus generated, would be reflected in the less strictly professional work of insurance examination. But, unfortunately, it is not so, and the result reacts against the examiner.

By doing careless and defective work, the profession is putting a big club into the hands of the non-professional management of insurance companies with which to beat down examination fees. Were it not that in most of the Old Line companies the examination is received by the local agent and the defects remedied before going to the home office, the club would be more effective.

How may we overcome this tendency to the defects of carelessness? I know of only one remedy, and that is for each examiner to make it an invariable rule to re-read the examination paper after completion. Since wrestling with the defects in other men's work, I have established such a rule in my own examinations, and I am surprised at the frequency with which I find defects, more or less serious, in my first copy. Usually these are not serious enough to bring them back from the home office, but are of a character that I would not like to have fall under the eyes of the Medical Director.

Re-reading an examination may take three or four minutes, possibly, but that time will be well repaid in the better class of work done and the higher standing of the examiner with the home office.

It has been suggested that better pay would make examiners more careful in their work. It is very doubtful if this would be the result. However, neither low pay nor no pay justify poor work on the part of the physician. This is true both in law and ethics. The courts hold us equally responsible for malpractice in the case of the beggar and

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the millionaire. If a physician undertakes a piece of professional work he is expected to give it all the time, skill and care that are necessary to do it well, regardless of the question of pay. No man can be blamed if he refuses to examine for an inadequate fee, but if he accepts a commission and attempts to make the examination he should do his work well. He owes this to himself as well as to the applicant and company. To do this particular line of work well, I am convinced that all of us need to insist on the rule of always reading over an examination paper after completion.

2. However annoying the defects growing out of carelessness may be, the really serious and remediless defects, in an insurance examination, are those growing out of ignorance on the part of the examiner of the principles of insurance and the purpose of questions in the blank.

How shall these defects be overcome? There is a tendency for the average practitioner of medicine to resent the imputation that he is not qualified to make insurance examinations.

I have long been convinced that the satisfactory examiner must be something more than a good physician and surgeon. In fact, experience has repeatedly demonstrated that a very competent physician may be a very poor insurance examiner.

The average medical college does not furnish its graduates with the equipment for good work in life insurance examination. The sooner we recognize this fact the sooner we will solve the problem before us. The successful examiner must have some qualifications which perhaps can never be gotten in college, even the ideal college of the future. He must not only be capable of making a complete physical examination of the applicant, so as to discover any present disease or defect, but must have the patience and tact to draw out of an unwilling applicant a truthful statement of personal and family history. He must at the same time always bear in mind the difference in mental attitude between an applicant for insurance and the ordinary patient. The natural impulse of the patient is to fully reveal all his ailments, while concealment of disease and defect is instinctive with the applicant. The patient is full of exaggerated woes. He has had the worst attacks of the worst diseases flesh is heir to, and he is liable to resent any intimation that his malady is trivial. The applicant is usually full of tales of splendid family history and of robust personal health. He has either "never been sick a day in his life," or his ailments have been trivial, and his ancestors have been true rivals of Methusalah for longevity.

I do not mean to assume, with the ancient pessimist, that all men are liars. But practically every man's honest opinions are biased by his personal interests, and in the life insurance problem personal interest enters very largely.

There is another reason than self-interest to explain why an applicant looks more lightly upon the disease to which he may have been subject than does the patient. The patient has his disease along with him. The applicant has only a dim and fading memory of it. A severe pain or an aggravating acute disease, while it lasts, occupies the whole horizon of thought with most of us, but when the mists

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of time have settled upon it it becomes a thing to laugh at and joke about.

Whatever the explanation, the applicant comes to us in quite a different mental attitude from our patient, and the physician who fails to note the difference will fail to get the best results as an examiner.

The successful examiner should also know somehing of the principles that underlie life insurance. He must be capable of drawing the nice distinction between a merely healthy subject and a first class risk for insurance. The first class risk must be in sound physical health, but must possess several other important qualifications. The family history must show a tendency to long life, as well as freedom from hereditary taint. The personal history must show absence of any disease or accident that might have left important organs damaged, or the general vitality lowered. The habits must be good, the surroundings sanitary and the occupation healthful.

In the determination of this difference between a person in good health, and a first class risk, lies the chief difference between the duties of the physician and the examiner. Both tax their skill to discover variations from sound health, but in addition to this the examiner must search the personal and family history, habits and surroundings of the applicant to determine, as accurately as possible, what the future health will be, or rather to estimate the chance for the subject to attain long life. Strictly speaking, the insurance companies are not interested in how healthy the subject is or may be. What they want to know is how long will he live?

For the purpose of further developing the difference between the duties of physician and examiner, we shall take up briefly the three groups of facts which must be brought out by insurance examinations. These are: (1), the family history; (2), the personal history; (3), the present condition of the applicant.

No competent physician will neglect the family history of his patient. However, he will look to it largely to explain the existence of disease he has already discovered or as a guide board pointing to the place where the search for existing disease should begin. In addition to this, the examiner must study the family history for its bearing upon the future health of the applicant. He asks: (1) What is applicant's family tendency to longevity? (2) Has he an hereditary tendency to consumption, cancer or insanity, which might develop at some later time and cut off the applicant before he has attained his normal expectancy?

The tendency to longevity may be inherited. It is a matter of common observation that long life, or short life "runs in families." The tendency to long life is not necessarily associated with rugged health or imposing physique. In one family we may find the members vigorous and ruddy until middle life, when they begin to rapidly drop out, and none attain to old age. In another family far less robust in appearance, in some cases even semi-invalids and always complaining, there is a tenacity of life which enables them to outlive all their neighbors. In such families the children who attain adult life, usually live to ripe old age.

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2. The examiner must also discover any inherited tendency to disease. It is now known that disease itself is not transmitted as frequently as was once supposed. But that a tendency to disease is transmitted is not questioned. The child of neurotic parents certainly is more liable to hysteria, epilepsy or insanity, than children of normal parents. The child whose family has been notably susceptible to the inroads of tuberculosis is pretty sure to have inherited that susceptibility.

This special susceptibilty is a life-long handicap to its possessor. While any single individual of this class may live to old age, out of a thousand such, a much larger per cent will fail to live out their expectancy than out of a thousand normal individuals. Hence these persons are not good risks.

The fact that the tendency to tuberculosis is transmissible, and that the disease itself is admittedly contagious, lends a special element of importance to a family history in which that disease appears, from an insurance point of view. If the disease has appeared in the immediate family of the applicant, it becomes important to ascertain whether he was associated with the affected member. If so, how long since, how intimately and for how long a time. Other things being equal, an applicant who has lost a member of his family from consumption ten or twenty years ago, is a better risk than one who has just nursed a relative through a course of that disease. The danger from contagion may even greatly outweigh that from inherited tendency.

Of two cases otherwise equal, a young man with a perfectly clear family history, who has just nursed his wife through a long illness from consumption is not as safe a risk as another at the same age, in whose family there has been consumption, but where contagion can be surely excluded.

All the facts of family history must be gone into more exhaustively by the examiner than by the physician. Their special bearing upon the insurable value of a life must be understood by him and intelligently weighed.

The facts of personal history also require more attention from the examiner than from the physician. The examination should show the nature of any disease which the applicant has had, all surgical operations, accidents and injuries of consequence, and the habits, both past and present.

The history of the diseases had should be full and explicit. The fact of having had certain diseases may be favorable to the applicant. One is a better risk for having had smallpox, measles scarlet fever and the like, if recovery has been complete. There are other diseases which are very prone to leave permanent ill effects. Pleurisy and rheumatism are examples of this class. If one has had true pleurisy we should examine the lungs with great care. In the victim of inflammatory rheumatism the heart is at once put under suspicion. Frequent malarial attacks are liable to leave the spleen or liver damaged. Some diseases usually considered trivial by patients are extremely important

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from an insurance point of view. Of this class Otitis Media, causing "discharge from the ear," is a good example.

The examiner should make a clear distinction in his mind between the ordinary simple diseases and those that are prone to leave ill effects, or that tend to become chronic. If the applicant has had any of the latter class, he should make his investigation and record very full, so as to satisfy both himself and the Medical Director that recovery has been complete and that no ill effects remain.

If the applicant's history shows rheumatism, pleurisy, malaria, asthma, bronchitis, discharge from the ear, fistula in ano, appendicitis, or any of the diseases important from an insurance point of view, full explanation should be made by the examiner, showing date, duration and frequency of attacks, and whether recovery has been complete, with no remaining damage to vital organs.

The history as to injuries and operations is important. The date and nature of important injuries and operations should be given, and the examiner should state whether recovery has been complete, with perfect restoration of functions.

The effect of major operations on the value of the risk is important and full data should always be given.

Where there has been an operation for appendicitis the Medical Director must know whether it was an interval operation or an early operation without pus, in which the appendix was completely removed with immediate union of abdominal wound, or whether it was a late operation with abscess but with removal of appendix, or whether it was merely the opening of an appendical abscess.

In every operation where there has been an abdominal section, the cause for which it was done should be ascertained and clearly stated, the date of operation should be noted and the abdominal scar examined and its condition reported.

3. In the matter of present condition of applicant the duties of the examiner and physician lie more clearly parallel. But even here the examiner must go beyond what he would do as physician. For example, he must investigate the relation of height to weight. Very heavy or very light weights are not good subjects for insurance. No matter how healthy such persons may be, nor how robust they may look, they do not live as long, as a class, as the medium weights. A good deal of work has been done toward establishing a normal standard of weight with relation to height. Such tables have been worked out and are in common use. A variation of 20 per cent below and from 30 to 40 per cent above standard, is usually allowed. Here again family tendency comes in. Most companies in case of heavy or light weight, ask us to ascertain the family tendency as to weight. We should remember, however, that it does not help much to know that over or under-weight is a family characteristic unless it also is known whether those members of the applicant's family who have shown the same tendency have been healthy and long lived. If in an over-weight family we find that many of its members have lived to a ripe old age in spite of weight; we might doubtless allow an excess of more than

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40 per cent over standard. If, on the contrary, the applicant and his family are over-weight, but it appears that the heavy-weights of the family have been short-lived, we should reject without question.

As a final difference between the work of examiner and physician, I note that the latter, when he has completed his diagnosis, does not necessarily make a record of his case, while the former must always write it up in full. Here is where many good examiners fail. Accustomed to considering an examination complete when his own mind is satisfied as to diagnosis, he is inclined to ask the Medical Director to be satisfied with the bare statement that the risk is good, though he fails to record the full evidence on which the opinion is based. The Medical Director knows nothing of the applicant except what the paper shows, and as a rule he knows very little of the examiner, or of the value of his opinion. Hence the importance of an accurate and complete report of the case. The examiner notes that an applicant has had appendicitis a year ago. Perhaps he has personal knowledge that a successful interval operation was done with perfect results. But he fails to note more than the bare fact of the attack and recovery. The Medical Director is left totally in the dark at points where he must have light. Hence there is delay and annoyance. No more important duty rests upon the medical examiner than to make a careful record of his examination, not a record of his conclusions or opinions, but the facts upon which they are based.

But to pursue this study further would unduly prolong this paper. I hope I have shown that a good insurance examiner must be something more than a good physician. I have tried to bring out in detail some of the things the physician must add to the equipment furnished by the average medical school, if he is to be an up-to-date examiner and avoid having "defects of ignorance" crop out in his work.

As a remedy, or rather preventive for such defects, I can only suggest a continued agitation for special training, or more special training in our medical colleges on the subject of insurance examination. No especial line of work of equal importance is given so little attention in the average medical school. Even this, however, will not help out the vast army of examiners who are now in the field who must, perforce, do most of the examining for the next few years. If by this paper I shall have aroused in the mind of one such a greater respect for this line of work, an appreciation of its importance and an earnest desire to do good work, for good work's sake, I shall be satisfied. In any other department of our work if we find ourselves rusty, we get a book or two on the subject, subscribe for a journal devoted to that line of work and brush up. Why not do the same in this?

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BUSINESS METHODS AND SYSTEMATIZING

By J. C. WOODWARD, M. D.
Payette, Idaho

Read before the Eastern Oregon Medical Society, July 2, 1907

The pursuit of the art of healing has, I take it, two sides, (1) the professional or scientific, and, (2) the business side. While scientific attainment may be fundamental and ever to be sought, yet a successful business is never to be despised. Indeed it may be noted that these two are seldom separated. We may not disdain the triumphant accomplishments of the world of trade and commerce. The successful builder of a great business may be quite as scientific in his way as the follower of Blackstone, Esculapius or the Nazarene. These latter, however, are deemed to be the children of the learned professions, intrinsically, and not commercial as such.

Length of days has largely robbed the professions of distinction of dress. The members of each wear the same coat by day and one of similar cut by night. The college degree is now the same in the classics, the college of commerce, and in the scientific school. Your doctor of today must add a knowledge of bone and muscle, a familiarity with the intricacies of physiological chemistry, perception of the minutiae of normal and pathologic structure, familiarity with the cause, diagnosis and cure of disease. To the mundane things of interest, debts, unwilling debtors, competition, fees, overwork and what not.

Is is not, then, a part of physical economy and mental acuity to devise methods for the reduction of the daily expenditure of energy? Income stops with bodily incapacity and time is all that we have to sell. Regular habits, it therefore follows, are to be commended. A fagged and jaded body is not capable of the best of mental work. It is the purpose of this paper to point out, if possible, certain short cuts and time-saving devices.

BOOK-KEEPING.

Doctors as a class are poor book-keepers and poor business men. I know a certain noted physician whose books are six months behind. I know another who boasts that he keeps no books. I do not know how these men are able to adjust matters with their patients, but I do know that all the advantages in such a system must lie with the patient, and that many a service must, as a result, go forever unpaid. It may be that the gratitude of the patient may make amend for the lack of business method, but should it do so in one, it does not in many, and while gratitude is a delightful thing it is not the most solid asset obtainable.

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Directly in proportion to the extent of their employment, are slothful and careless business methods harmful to the physician.

STATEMENTS.

It is my judgment that, following the custom of business houses, a statement should be sent each month or less often in order to show the condition of the account as it appears upon the books. I have found, also, that a careful giving of receipts helps the habit of paying considerably. Short settlements here as elsewhere make long friends.

LEDGERS.

I favor the use of loose leaf ledgers. They have the advantage of not being so cumbrous as others and that of requiring constant attention in order to use successfully. They thus initiate, and if wisely used, secure systematic carefulness in regard to things financial. They reduce the sum total of work and lead to the habit of requiring the settlement of accounts in comparatively short periods. They may be of a size and ruling to meet individual needs. I have never been able to see why a man should think that he should have three or four years in which to pay the doctor, but must pay the grocer in thirty days.

I believe, however, that the fault lies largely with the practitioner himself, who has encouraged and abetted such an idea through mistaken ideas of his relation as the general curator of mankind.

COLLECTIONS.

Is the medical man weak, negligent, and inattentive to business matters? The patient soon learns that he may pay *when* he pleases, and *what* he pleases, and it will be *"all right"* with the doctor. The butcher, the baker, and the candlestick maker are all paid first. The doctor can wait. The same man who will pay the tradesman promptly the first of every month thinks nothing of keeping the doctor waiting a year. This may not apply to the specialist or surgeon, but one only needs to be connected for a time with either of these to know how much charity work they do.

Venereal diseases and surgery should be cash in advance. After the cessation of an ardent discharge, or the blanching of copper-colored spots, gratitude wanes very materially. For these diseases a fee should be exacted which is proportionate to the attendant disagreeableness, danger and trouble involved.

"When the Devil was sick,
The Devil a monk would be;
When the Devil was well,
The Devil of a monk was he."

I have profound contempt for the physician who, in speaking of a case of gonorrhoea, said: "Oh, the poor fellow got burned, and I could not charge him more than a dollar." I doubt if he received either gratitude or dollar, and I think he deserved neither. A physician may so educate his patients that they do not plan to pay him. Whether openly or not, they secretly hold him and his services in contempt. Conversely he may maintain such an attitude that his pa-

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tient will respect and pay him also. I do not urge extortionate or unjust fees, but there is a golden medium or happy mien everywhere, and the "laborer is worthy of his hire." I think that outside of clinics and places where the patient pays for his treatment by his appearance, everyone should pay something. If unable to pay, our services should be freely given, but care should be taken to discriminate between the professional dead beat who will not pay and the honest unfortunate who can not. The condition of the latter frequently changes and few there are who, some time in their career or other, are unable to pay something. Patients who are abundantly able to pay should be tactfully induced to do so promptly. Money is worth about 10 per cent. The doctor who carries $20,000 of inactive or dead accounts is paying about $2000 a year for the privilege.

It may be urged that an attempt to make some of the old debtors pay up would result in losing their business. Experience has proven that such endeavor does not result in this way. Even should it do so, if they are not willing to pay and will not do so, they are not worth having.

FEE SCHEDULES.

Physicians in one locality should unite upon a certain schedule of fees, and that schedule should be maintained. This refers, especially, to the ordinary things that we do and not to the great operations of surgery nor to other service requiring especial aptitude or great labor.

For instance, one man should not make an insurance examination for $3 for which another man exacts $5. What we need is unity of purpose and action, and the ability to stand in a firm compact. The medical profession, today, is more discordant and divided than any other upon the question of compensation, and it is not to be compared in uniformity of opinion to the solidarity to be found among wage workers.

I do not urge unionizing, I do urge *union*.

CARD INDEX SYSTEMS.

I think that physicians should employ card-index systems, because (1), they form a perfect record; (2), they are highly useful, handy and scientific; (3), they are satisfactory, cleanly, ornamental, and they occupy a minimum of space. They are reliable and they beget a spirit of scientific accuracy. That which will furnish a clean, easily produced, scientific, perfect record has much to commend it for daily use. All sorts of records may be kept on cards, but, as in war, the success of the army depends upon "the man behind the gun," so, in book-keeping, the reuslt depends upon the "man behind the book." The best of systems must fail with slothful, indifferent and careless handling.

DEBTORS.

The debtor, good and bad, we always have with us. The good is desirable, the bad a necessity. Some association of the physicians in a territory as large as a state, for instance, might be formed in order to facilitate the collection of bad accounts. Such combinations, in reality, are formed in large cities by attorneys who derive therefrom

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a successful income. Physicians could form such alliance themselves and pay for the necessary work, thus insuring a more sympathetic and intimate connection with the collection of their own accounts.

PRESCRIPTIONS.

In my judgment physicians should write prescriptions. I am aware that there are two sides to that question. I will not attempt to enter into that controversy at this time. A carbon copy of all prescriptions should be taken. It is an easy, cheap, satisfactory method of insuring accuracy and remembrance of dosage, diagnosis, names and dates. The copy should and may record all these things. Thus mistakes are prevented and more certain knowledge is obtained. Copies may be filed alphabetically, numerically, or by a dating scheme, in card-index boxes or otherwise, and may be made available at a moment's notice. Carbons of a physician's prescriptions should be taken and kept as surely as should the important letters of a business man.

PHARMACY.

The practitioner should know something of pharmacy and its application to medicine as practiced. He should know, for instance, that there is a natural salicylate of sodium, and an artificial one, and that the natural one costs about $6.00 per pound and the other about 50 cents, and that his patient will not get the six-dollar variety unless he sees to it personally. He should know that to get satisfactory results from infusion digitalis it should be freshly prepared and made from leaves that are not inert. It may be necessary to convince the druggist of this fact, however. Assayed tinctures and fluid extracts, physiologically tested, are now on the market, and may be used with confidence. But they cost a little more than the other sort, and unless a special arrangement can be effected, the confiding patient will be paying the highest price for the cheapest material. Active, potent, true drugs are one of the first requisites in material as well as scientific success. Especial care should be taken to secure reliable digestive ferments. Preparations purporting to contain all the digestive ferments in active combination should be relegated to the rear. All statements of manufacturers or agents should not be believed. A trifle of doubt is a valuable possession at times. It may be remembered that, when first introduced, antipyrin cost $1.40 an ounce. It could only be bought in little tin boxes holding an ounce. It was greedily used. At present it may be bought for 25 cents an ounce, anyone can make it, and it can be had in containers of any size. It is far from me to decry the value of this drug in certain selected cases. It has demonstrated its usefulness in far greater measure than many other applicants for professional favor. Time and trial have determined its true place in therapeutics.

NEW REMEDIES.

The greater of new remedies which are announced as marvelous discoveries, capable of wondrous things, soon pass to well merited oblivion and are succeeded by another crop. We should refuse to delude ourselves and abuse our patients' confidence and their pocketbooks by neglecting careful investigation of the products which we

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use. The fact that the patent medicine and the nostrum is abroad in the land may be laid, in large measure, at our door. No physician should use or recommend for use any compound the formula of which he himself does not know.

"Be not the first,
By whom the new is tried;
Nor yet the last
To lay the old aside."

I have tried to say that, in my opinion, it is profound business sense to know and practice sound therapeutics.

BOOKS AND JOURNALS.

Every physician should own and consult a copy of the latest Pharmacopoeia, the National Formulary, and one of the late standard Dispensatories, and study and practice therapeutics, as far as may be, in the light derived therefrom. He should take and read one or more drug journals of high class as well as the literature of his own craft.

DRUGGISTS.

The relation of physician and pharmacist is of importance in a business way. We may demand of our druggist (1) honesty, (2) ability, (3) cleanliness, (4) fair prices, and (5) co-operation. Conversely, we should afford him protection and patronage. We should not countenance counter prescribing nor substitution—the greatest evil of all—if he is to continue to prepare our prescriptions. The prescription counter should be clean. The patient should be charged a fair price. I realize that the question of price "per se" is no concern for the doctor, but the patient easily forms the destructive habit of patronizing the cheapest place. This may not be the poorer, by any means, but ordinarily we get about what we pay for. Mutual understanding between doctor and druggist should prove valuable.

CONCLUSION.

"And now hear the conclusion of the whole matter." No business device, however, admirable, will serve to replace the unremitting toil of adequate preparation. It is a hard business at the best, and anything by which one may add to his efficiency and subtract from the sum of expenditure of energy may be welcomed and investigated.

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Medical Societies

Portland City and County Medical Society.

Following is the program for the coming season of the Portland City and County Medical Society:

October 2, 1907—1. End Results of Cancer of the Breast Operations, A. C. Smith; discussion opened by Wm. Jones. 2. Blood pressure, J. M. Short, Gresham, Or.; discussion opened by W. I. Amos.

October 16, 1907—Tuberculous Peritonitis, E. F. Tucker; discussion opened by E. P. Geary; 2. Gastrogenic Intestinal Disease, W. N. Jones; discussion opened by G. F. Koehler.

November 6, 1907—Symposium on Diabetes Mellitus—1. Etiology and Pathology, R. C. Yenney; 2. Symptoms and Diagnosis, C. J. McCusker; 3. Treatment, James R. Bell; discussion opened by W. H. Boyd, M. B. Marcellus.

November 20, 1907—1. The Principles Underlying the Successful Treatment of Retrodisplacements of the Uterus, R. C. Coffey; discussion opened by E. J. Labbe. 2. Remarks on the Use of the Obstetric Forcep, R. H. Ellis; discussion opened by E. D. Timms.

December 4, 1907—1. The Surgical Equation in Gastric and Duodenal Ulcer, K. A. J. Mackenzie; discussion opened by E. A. Sommers, Oregon City, Or. 2. Psychotherapy, J. A. Gilbert; discussion opened by R. J. Marsh.

December 18, 1907—1. Concealed Hernia as a Cause of Intestinal Obstruction, A. E. Rockey; discussion opened by C. S. Hosmer. 2. Pulmonary Complications Following Anasthesia, O. B. Wight; discussion opened by J. D. Sternberg.

January 8, 1908—1. The Natural History of Hyperchlorhydria with Remarks on Diagnosis and Treatment, G. F. Koehler; discussion opened by D. H. Rand. 2. Autointoxication in Disease, J. A. Pettit; discussion opened by J. F. Walls.

January 22, 1908—1. Acute Mastoid Disease, Richard Nunn; discussion opened by J. F. Dickson; 2. Diseases of the External Ear, E. D. Connell; discussion opened by G. C. French.

February 5, 1908—1. Treatment of Chronic Empyema, William Jones; discussion opened by J. O. C. Wiley. 2. Surgery in Its Relation to the Neurasthenic, W. B. Holden; discussion opened by H. S. Nichols.

February 19, 1908—1. Tuberculosis of the Kidney, H. C. Jefferds; discussion opened by R. C. Matson. 2. Enteroptosis in Relation to Neurasthenic Conditions, G. G. Barr; discussion opened by R. C. Coffey.

March 4, 1908—1. Periurethral Infections, A. E. Mackay; discussion opened by G. S. Whiteside. 2. Examination of the Urine as an Aid to the General Practitioner in Diagnosis, L. W. Hyde; discussion opened by R. C. Yenney.

March 18, 1908—Symposium on Syphilis—1. Etiology and Serum Diagnosis, R. C. Matson. 2. Skin Lesions, A. Tilzer. 3. Nervous Manifestations, Wm. House; discussion opened by J. C. E. King and R. L. Gillespie.

April 1, 1908—1. The Forms of Paralysis, W. T. Williamson; discussion opened by O. C. Hollister. 2. Some Possible Stages of Arteriosclerosis, J. R. Barber; discussion opened by C. E. Hill.

April 15, 1908—1. Some Congenital Malformations and Their Embryologic Origin, E. J. Labbe; discussion opened by R. H. Ellis. 2. Observations on the Surgical Treatment of Ununited Fractures, W. W. Campbell; discussion opened by A. W. Moore.

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May 6, 1908—1. Bladder Tumors, G. S. Whiteside; discussion opened by A. E. Mackay. 2. The Management of Incomplete Abortion, C. S. White; discussion opened by S. H. Sheldon.

May 20, 1908—1. President's Annual Address, L. H. Hamilton; 2. Election of Officers; 3. Final adjournment.

During the year other meetings will be held, at which topics of special interest, such as Sanitation, Abortion, Hygiene, Milk, Water System, and Tuberculosis, will be discussed following papers read by physicians from outside the city. Special invitations will be extended to the laity to participate. The social feature will also be recognized by introducing the informal smoker on certain occasions. Among those who have consented to address the society are T. J. Sullivan, of Butte, Montana; F. M. Pottenger, of Los Angeles; E. Barton Pickel, of Medford; Hon. C. J. Smith, of Pendleton; P. W. Willis and W. R. M. Kellogg, of Seattle.

All papers shall be limited to twenty minutes, and remarks in discussion to five minutes.

All papers read before the society shall become its property and shall be deposited with the secretary when read.

Meetings will be called to order promptly at 8 P. M. Members and visiting physicians are requested to be present at this hour, because then the business will commence.

Persistent suppuration in a mastoid wound in most cases, means dead bone at the bottom of the cavity.—American Journal of Surgery.

Three or four drops of peroxid of hydrogen in the ear followed five minutes later by thorough syringing with boracic acid solution, will readily remove any impacted cerumen.—American Journal of Surgery.

OBITUARY.

The death is announced, as having occurred at Nanaimo, B. C., on the 21st ult. of Dr. R. S. B. O'Brian. The doctor had lived at Nanaimo since 1883, and had during that time been active in connection with civic and provincial affairs. He was born in Ontario in 1853, and was a graduate of McGill. He was one of the promoters of the local water works, and was well regarded by the entire cummunity.

The Administration of Proteids in Tuberculosis.

George Heyde Krall, of Lansdowne, Pa., appreciates the value and absolute necessity of proteid material to the tuberculosis patient, but believes that we should keep the amount taken within reasonable bounds, and that if we do not do so the unnecessary amount absorbed will be a disadvantage to the patient. The excess of proteid will overburden the excretory organs and produce kidney disease and toxemia. The tuberculous patient does not require as much proteid as the average actively working man, and hence less should be taken than by him. Proteids are not stored up in the body, but must be eliminated when taken in excess. Poisons are produced and act on the system.—Medical Record, September 21, 1907.

A Case of Very Large Dilatation of the Cecum.

Thomas W. Harvey, of Orange, N. J., describes a large dilatation of the cecum which came under his observation. The autopsy showed the sac, which was adherent and distended, to be an enormously dilated cecum.—Medical Record, September 21, 1907.

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Book Reviews

Gynecology and Abdominal Surgery. Vol. 1. In two large octavos. Edited by Howard A. Kelly, M. D., Professor of Gynecologic Surgery at Johns Hopkins University; and Charles P. Noble, M. D., Clinical Professor of Gynecology at the Woman's Medical College, Philadelyhia. Large octavo volume of 851 pages, with 405 original illustrations by Mr. Hermann Becker and Mr. Max Brodel. Philadelphia and London: W. B. Saunders Company, 1907. Per volume: Cloth $8.00 net; Half Morocco, $9.50 net.

A considerable section of this volume is devoted to medical gynecology, to meet the needs of the general practitioner, who will find the information he wants concentrated in one section, without being under the necessity of searching here and there through both volumes. Separate chapters have been devoted to the systematic consideration of the bacteriology and the pathology of the diseases of women. Those wishing to investigate the scientific basis of gynecology will find it suitably set forth in these sections. Other special chapters have also been written on subjects usually found only in monographs, such as operations during pregnancy, operations before puberty, conservative operations upon the uterine appendages, and the complications of operations. Surgical gynecology and abdominal surgery proper have been broadly and liberally dealt with. It is a work that commends itself very strongly to the profession.

A Manual of Diseases of the Nose, Throat and Ear. By E. Baldwin Gleason, M. D., Clinical Professor of Otology at the Medico-Chirurgical College, Philadelphia. 12mo of 556 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Flexible Leather, $2.50 net.

This manual was written to supply students and general practitioners with the essential facts of Rhinology, Laryngology and Otology in as concise a form as possible. The details of inspection, examination and diagnosis of the nose, throat and ear conditions and the use of the commoner instruments of diagnosis and for the making of applications have received very careful and comparatively lengthy detailed description. The same may be said of minor operations. At the end of the book is a collection of formulas designed to represent more than a mere catalogue of prescriptions. The history of the gradual development of some of the more important instruments, methods of treatment and operations has been considered of sufficient practical importance to be briefly outlined. The book contains 262 engravings, most of which are original or drawn from dissections by the author.

Treatment of the Diseases of Children. By Charles Gilmore Kerley, M. D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, etc. Octavo volume of 597 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00 net; Half Morocco, $6.50 net.

This work has been prepared for the general practitioner. It has not been written with a view to supplying the needs of either the specialist in children's diseases or the undergraduate student. The possibilities of therapeutic measures in the treatment of children have greatly increased during the past decade, and

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the author's efforts in this volume have been to present to the physician in active practice modern methods of management, in greater detail than has been attempted by the valuable books already on the market. It merits a large sale.

American Edition of Nothnagel's Practice: Intestines and Peritoneum. By Dr. Herrmann Nothnagel, of Vienna. Edited, with additions, by H. D. Rolleston, M. D., F. R. C. P., Physician to St. George's Hospital, London, England. Second Edition. Octavo of 1059 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00 net; Half Morocco, $6.00 net.

This exceedingly valuable work contains not only the best that Nothnagel had to offer, but it has a great amount of most valuable notes by the editors. The popularity of the work in the profession is attested by the shortness of the time needed to dispose of the first American edition. There is scarcely a pathological condition of the intestines and peritoneum imaginable that has not light cast upon it in this fine volume, and the physician is to be congratulated who has it on the shelves of his library, and who has its contents sufficiently in mind to be able to glean hints from it in the hour of need.

Practical Fever Nursing. By Edward C. Register, M. D., Professor of the Practice of Medicine in the North Carolina Medical College. Octavo volume of 352 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $2.50 net.

Dr. Register is to be congratulated upon his most valuable work. It presents to nurses a working text book that very completely covers the field of practical fever nursing. In it are incorporated and described in a non-technical manner the pathology of the different fevers, their prognosis, and the various methods of treatment. This is done so that the nurse may know something of the pathologic processes that are going on within the body, so that she may the better be able to anticipate what is expected of her by the physician. This volume is thoroughly up to date, and is a credit alike to author and publishers.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, etc. Edited by W. T. Longcope, M. D., Philadelphia. Vol. 3. 17th series. 1907. Philadelphia: J. B. Lippincott Co.

There is a wide range of subjects treated in this volume of the popular International Clinics. Dr. Edsall, of Philadelphia, gives some practical and theoretical considerations concerning dietetics, which contain much valuable suggestion. It may be remarked, without fear of offending, that some physicians do not, in their practice, give as much attention to this subject as it deserves, and this article should have a stimulating effect in this direction. There are also articles under the head of Medicine, Surgery, Gynecology, Genito-Urinary Diseases, Ophthalmology, Neurology, Dermatology and Pathology, all of which contain many practical suggestions, valuable alike to the general practitioner and the specialist.

A Treatise on Fractures and Dislocations. By Lewis A. Stimson, B. A., M. D., Professor of Surgery in Cornell University Medical College, New York. New (5th) edition, thoroughly revised. Octavo, 847 pages,

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with 352 engravings and 52 plates. Cloth, $5.00 net; Leather, $6.00 net; Half Morocco, $6.50 net. Lea Brothers & Co., Philadelphia and New York, 1907.

There has been a remarkable demand for this work by the profession, although there is a vast difference between the volume now before us and that which first appeared several years ago. Notable increase in our knowledge of details has come through the accumulation of data obtained by the use of the X-ray in recent and old cases, especially in fractures involving joints and the small bones. The results constituted a prominent feature of the fourth edition, and have again led to important additions in the present one, where they appear largely among the observations and studies of injuries of the wrist and foot, and of fractures and dislocations of the ends of the large bones. The literary style of the author is notable for clearness. This single volume affords complete and authoritative information on a large and important surgical specialty.

Manual of Diseases of the Eye. By Charles H. May, Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department, Columbia University, New York, 1890-1903; Ophthalmic Surgeon to the City Hospitals, Randall's Island, New York; Consulting Ophthalmologist to the French Hospital, to the Gouverneur Hospital, and to the Red Cross Hospital, New York; Adjunct Ophthalmic Surgeon to Mt. Sinai Hospital, New York, etc. Fifth revised edition. With 362 original illustrations, with 22 plates. With 63 colored figures. Wm. Wood & Co., New York, 1907.

The object of the author, to say enough but not too much, has been well carried out. Excessive detail, extensive discussion and lengthy accounts of theories and rare conditions have been omitted. The fundamental facts of ophthalmology are covered, keeping in mind that the work is written for students and general practitioners. Common diseases, which the physician is most generally called on to treat, are described with comparative fullness. The illustrations, except those showing instruments, are original. The edition is brought down to date.

The Principles and Practice of Modern Surgery. By Roswell Park, M. D., Professor of Surgery in the University of Buffalo, N. Y. In one very handsome imperial octavo volume of 1072 pages, with 722 engravings and 60 full-page plates in colors and monochrome. Cloth, $7.00 net; leather, $8.00 net. Lea Brothers & Co., Philadelphia and New York, 1907.

Roswell Park's name as the author of a volume on surgery will be sufficient guarantee of its worth. The author has sought to represent in this work the net surgery of today, obsolete material having been excluded, and his pages being devoted to sound principles and practice, stated as clearly and succinctly as possible. Illustrations are employed very freely, wherever a point could be by that means explained to the eye. In the pictorial department, utility and effectiveness have been considered. The work is necessarily a large one, for its scope is very extensive, as it aims to cover the principles as well as the practice of surgery, thus supplying the needs of students and general practitioners, and at the same time it will be of the greatest interest to the author's surgical confreres. Dr. Parks was the editor of a work entitled Surgery by American Au-

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thors, which ran through several editions, and this new individual work takes the place of that. This volume, coming as it does at a time when other publishing houses are issuing most valuable works on the same subject, may be trusted as an authoritative exposition of the world's most advanced views and practice at the present time.

A Text-Book on Uric Acid and Its Congeners; with Special Reference to Its Physical and Chemical Properties, Its Metabolism and Accumulation in the Organism, Together With the Disease Processes Arising Therefrom and Their Etiological Therapy. By George Abner Gilbert, M. D. First Edition, 1907. Danbury Medical Printing Co., Danbury, Connecticut.

This volume is offered as a means of enabling physicians and students to better acquaint themselves with the fundamental principles of uric acid and its accumulation in the organism; a subject which every doctor is supposed to be somewhat familiar with, though one which is rarely touched upon in any of our standard text books. The physician who is asked—How is uric acid developed in the human system? and, What class of foods increases the development of uric acid? would find a great deal in medical literature that will cast light upon these questions, but it is very much scattered. Many of the older chemical theories have been exploded, and this author has endeavored to gather together in concise form the latest discovered facts on this important question. The volume is well and clearly printed, and will be a valuable addition to one's medical library.

The Tiled Kitchen.

By Charles James Fox, Ph. D.

Tiling is now well established as the most appropriate covering for the floors and walls of bath rooms. Its sanitary properties and the facility with which it can be kept clean are now generally realized and appreciated by the public. Not many years ago the tiled bath room was regarded as a luxury reserved exclusively for the wealthy. Today it is looked upon as a necessity to such an extent that it is even provided for by law in the building ordinances relating to the erection of hotels, tenement houses and other buildings of a semi-public character in many of our largest cities.

At the present time the use of tiling as a floor and wall covering for the kitchen is still rather the exception than the rule. Yet the same consideration of sanitation in the bath room apply with even greater force to the floors and walls of the kitchen. In all culinary operations more or less grease, dirt and other organic matter is necessarily spattered on the floors and walls. If the kitchen has a wooden floor and wainscoting, much of this organic matter is absorbed by the boards or sinks into the cracks between them. Here it decomposes and soon gives life to bacteria of all kinds from the simple anaerobic germ of decay to the most deadly disease germs.

As wood is an organic and porous material, these micro-organisms thrive in it, especially when encouraged by the warm moist atmosphere of the kitchen. As for the germ of decay, when it once invades the wooden floors of the house, all that is necessary to its existence is heat and moisture. The heat is ever present, especially in the kitchen, and the washing of the floors and walls

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which is intended to keep them clean supplies the very moisture which helps to make them more and more unsanitary. One of the worst effects of the germ of decay is that its presence is always detected by a peculiar musty odor which, once started in the bath room, kitchen or other part of the house, where the floors and walls are spattered with water and organic matter, will, in the course of a few years, pervade the entire building. No amount of cleaning or ventilation can remove it, as the cause lies in the wooden floors beyond the reach of soap and water or of fresh air. As a result, the occupants of the house begin to realize that it is getting old and musty and, if possible, they move elsewhere. The action of this anaerobic germ thus becomes responsible for the depreciation of real estate values and often becomes the unconscious cause of turning a once fashionable section of the city into a row of cheap boarding houses.

By constant scrubbing, the wooden floors of the kitchen may be made to look white and clean, even though they contain disease germs that are dangerous to human life. When one recalls that some of the most dangerous diseases are caused by the infection of foods, one realizes the importance of having a sanitary kitchen. To obtain this, at least four conditions are necessary, namely, light, ventilation, careful plumbing and non-absorbent and washable floors and walls. Of all inorganic floor and wall coverings for the kitchen, as well as for the bath room or hospital, the baked clay tile is the most appropriate. The glazed wall tile are absolutely non-absorbent, even in the joints between them which are filled with pure hard cement. The vitrified floor tile are equally non-absorbent, and even the ordinary unglazed floor tile can absorb only a small percentage of water and absolutely no septic matter.

If the kitchen floor and wall are tiled, any grease, food or other organic substances that are spilled or spattered upon them may be removed as easily and as thoroughly as from an ordinary dinner plate. In fact, a tiled kitchen can be quite safely flushed out with a hose. In addition to its sanitary qualities, the tiled kitchen has several other advantages. It presents a neat and attractive appearance that has an excellent effect on the domestic servants, who are unconsciously urged to live up to the cleanliness of their surroundings. It is furthermore a great saving of domestic labor and renders unnecessary the most disagreeable of all household drudgery, namely, the scrubbing of wooden floors. The importance of sanitation in the kitchen is so great, however, that no other reason for tiling the room is necessary. The same municipal ordinances which in many of our largest cities make the use of tiling obligatory in the vestibules and bath rooms, should also be made to apply to the kitchen, in all buildings of a semi-public character, such as tenement houses, hotels and restaurants.

A Suggestion.

The new Glyco-Thymoline Eye Bath, which is constructed from a single piece of aluminum, has been found of exceptional service when used as a vessel to heat hypodermic solutions to the proper temperature. This little hint comes from a physician who has frequently found himself wanting just such a device. The Glyco-Thymoline people will be glad to send you one of these cups if you desire it. C. E. F.

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Studying Abroad.

Dr. Arthur E. Burns, who has recently returned from a year's study abroad, has kindly transcribed the following useful hints for the readers of the Medical Sentinel:

The following questions are presented to every medical man who contemplates doing post-graduate work:

1st—Do I need it?

2nd—How much time can I spare?

3rd—What will it cost?

4th—Where am I deficient?

5th—Where is the best place for me to study?

It is safe to say that the general practitioner should set aside time for post-graduate work every three to five years. Specialists in any division of the curriculum should go to the centers of his field of work every two or three years. This is necessary to keep in touch with the advancements generally, and for purposes of review; the latter is as important as the former. There are few men whose practices are large and varied enough to keep them "posted up to date."

The journals and technical press are essential, but not sufficient. We invariably pick out what we are most interested in, and that which is difficult or not to our taste we do not read, yet the journals are always possessed of the advanced material. For example, the medical press described in detail the X-ray machine, yet the practitioner did not understand it until he saw and worked with it.

Study is a habit. Many there are who never study until they have a case over which they are worried, or a consultation is on. It is a fact that the men with the largest practices are they who do most post-graduate work. The reason of this is, their deficiencies are brought before them more often, because they see more cases, and in consequence of increased work they are correspondingly stimulated to learn the new and retain the old. The average city doctor does not see the variety nor the number of cases that come under the observation of the country practitioner, hence we find that as the very busy city doctor spends his time and money in keeping posted, so we see in the world's great clinics men from towns of 10,000 to 40,000 in large numbers, showing that as the work increases men realize their insufficiencies and the need of greater knowledge. In other words, the less one has to do the less he requires to do with. As a very general rule, it is a person who knows who wins, and the better he knows his business the more he wins. This is true of all avocations—the more skillful the carpenter, mason, machinist, engineer, or manufacturer, the more he is worth and the more he receives, because he is constantly employed. His value is known in his community and he takes his relative position among his fellow workers, who are his best judges. When the skillful man fails it is usually due to lack of concentration, or errors of his own commission or omission.

In figuirng the cost of a course, one can estimate three items. First, transportation. This is a fixed charge and can be obtained in any railway office. Even ocean and European transportation can be closely estimated at home.

For going to Europe the slow steamers are more restful because of the absence of formality—one is not compelled to dress like people at a swell hotel; no excitement of the issue of the daily paper with wireless telegraphic reports, and cheaper ticket rate with less expensive tips.

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Such steamers are restful and the passengers always better class.

Generally speaking, both in America and Europe, it is safe to put the cost of living at the very conservative estimate of $300 per month, which might include expenses of one or two courses of lectures. These figures would cover ordinary conveniences and a few luxuries. All necessities in Europe are about the same as in America, luxuries are cheaper. Board and lodging in Vienna, Berlin and London cost the same as in America for the same class of living. The opera, theaters, concerts, "wine, women and song," and amusements generally are less. Expensive living and study are incompatible. In expensive hotels it takes so long to be served at meals, and one meets the leisure class whose hours are late in the morning and later at night, so that clinics are missed and time is lost; and, besides, you are away from the student atmosphere which is so necessary for thorough work. It is here that post-mortems are held upon the subjects of the day, and many points which you have missed are picked up by conversation with other students, and you are also a means of informing many where they are shy—thus clinics are repeated.

Approximately, a room in the hospital section in Chicago and New York city costs on an average of $7 per week, and board about $10 per week. Pension in London, Berlin and Vienna are somewhat cheaper, but we must remember that the average American is accustomed to a good breakfast, consisting of ham and eggs, etc., whereas the European breakfast consists only of coffee and a roll without butter; all else is considered extras so that the price will be nearly equal.

The cost of tuition varies. An average of $50 per month for each subject in America, as against $20 per month for each subject in Europe. Of course there are many courses to be obtained under assistants in the clinics at a less figure and in many instances are just as good.

The question of how much time to spend in post-graduate work is figured differently. It is safe to say that at least three months should be used in study, because no matter where one goes the first time it takes several days to get properly placed, namely, settled in hotel, pension, hospital or boarding house, picking out courses, obtaining additional information as to clinical material, teachers, the character of teaching, etc., etc. Some may think this can be done before leaving by correspondence, but it cannot, especially in foreign places.

Courses in nearly every study start around the first of the month, and average twenty hours, Saturday and Sunday excepted. In some places there are so many holidays that it is hard to tell precisely when the courses will end. The hospital work is done in the morning all over the world, some few clinics are in the afternoon, and these run from four to six o'clock. Courses in microscopical work are many of them held at night. Courses in New York city on "eye, ear, nose and throat work" usually commence at two o'clock in the afternoon, and end at five o'clock. There is nothing doing along these lines in the morning. In Chicago courses in this division vary, some clinics running in the morning, others in the afternoon. In Vienna the courses are arranged by the American Medical Association, which consists of medical men from the United States and Canada, who have banded themselves together for the purpose of regulating the courses, giving general information to strangers and lis-

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tening to papers from eminent teachers in Europe once a week. The secretary, Dr. Alexander P. Horwitz, of Fuchs' clinic, will be glad to answer questions pertaining to the courses in Vienna.

It is a well known fact that all general practitioners have a tendency to specialize, because of a preference towards some particular branch or division of general medicine and surgery. As a natural consequence they enjoy their work in that division better than in others. It therefore follows that they will understand that particular work best. They take more interest in it, devote more time to it, discuss it more, read more about it, so that they become unconsciously specialists. Now then the various subjects which go to make up the curriculum of medicine are so intimately blended, that one must have a clear, crisp and concise knowledge of it all to understand thoroughly any one branch. For example, no one can become a specialist of any promise without a clear understanding of general medicine. The general surgeon must know the laws of general medicine, else his diagnostic powers are greatly handicapped. Cases nowadays pass under the observation of many specialists before the diagnosis is made. A knowledge of pathology and bacteriology are in many cases essential to a correct diagnosis, and here is where many men are deficient—and, besides, the majority of practitioners have not the time, even if they have the inclination, to devote to this intricate branch of the work. so that in figuring on one's deficiencies it is always well to consider at least these two branches.

The proposition of technique is about the same the world over among the great men. Nearly all operators who are in constant practice will make an incision, take up a vessel, tie a knot, swab a wound almost in the same manner, because to obtain speed and precision only special movements can be used, hence the similarity in the technique of the great men. When the general practitioner finds himself leaning toward a certain branch of his work, it is well for him to arrange his post-graduate on broader lines because usually he is well posted on subjects which have interested him.

As to the relative merits of European and American post-graduate institutions, it has been truly said that the art of medicine and surgery is taught better in American; for the abstract science and principles; for original research, go abroad. This is easily understood when we consider the fact that the European physician does not have the commercial spirit; he is not compelled to pile up money to live in circumstances which in the United States would require quite an income. This fact gives time for original work.

There is no place in the world like Vienna, Austria, for study. Why? Because the clinical material is so great and the work is concentrated. Berlin, Paris and London have their large institutions, but in these cities they are far apart and it takes too much time to go from one to the other. The Allgemeine Krankenhaus and the Polyclinic in Vienna are practically together. The former is, perhaps, the largest hospital in the world. To give an idea of the opportunity for study here, over 3000 patients are constantly within the enclosure; over 8000 confinement cases a year, or about twenty a day. Versions, pubiotomies, Caesarian sections, eclampsia and placenta previa can be seen here as in no other place. The internal medicine department is equally large, and students are satisfied who enter this department. The

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skin and venereal clinics are immense. The general and orthopedic surgical clinics are very large. The specialties of the eye, ear, nose and throat and especially sinus work, are taught better than in any other place in the world. This is because of the immense amount of material available. When one realizes that a thorough post mortem examination is made on every case of interest, and that means from ten to twenty daily, we can see what a check this is upon diagnosis, and how errors in diagnosis and treatment, both medical and surgical, may be avoided. This procedure has been going on for two hundred years. Hence it is that here, as nowhere else, can investigation of an original character, be carried on to a definite conclusion. The rapid advance which has been made in the treatment of air and blood sinuses of the head, and the demonstration of the intimate relation of the eye muscles and the auditory apparatus could not otherwise have been accomplished. The knowledge we have of locating brain lesions and the surgery connected therewith, has been brought about by constant work in the autopsy room. You are closer to the teacher and receive more individual instruction because only six or at the most ten men complete a class.

It is better, of course, if one understand German. But as a large percentage of the courses are in English, one can get along very well with English only.

Generally speaking, in continental Europe the hospitals are under Government supervision and the medical officers are absolute masters. In London most of the hospitals are supported by voluntary contributions, and conducted by boards of control, as in the United States. Medical men are not the masters, but are handicapped by the opinions of various individuals in the form of directors. For instance, the question of vivisection is never raised in Vienna —there is a veritable Zoo in the hospital, where animals of all kinds are used for experimental purposes. Syphilis has been transmitted for sixteen generations in monkeys, and the micro-organism has been isolated. This could not have been brought about if the investigators had been hampered by the cry of cruelty.

Boston's Campaign for Clean Milk.

J. O. Jordan, Boston (Journal A. M. A., Sept. 28), give a history, illustrated by figures, showing the results of the campaign inaugurated by the Boston Board of Health in 1904. The initiatory step was the adoption of a standard limiting the number of bacteria in milk to 500,000 per cubic centimeter and prohibiting the sale of milk having a temperature above 50 F. The bacteriologic examination also permits the detection of milk from diseased animals and following up the infection to the dairies themselves. The contracting firms have co-operated with the board of health to a considerable extent by inspection of dairies, distribution of circulars of information to producers and even by the establishment of private laboratories. The Massachusetts State Board of Health also exercises supervision over the dairies and co-operates with the local board. The result has been a great improvement in the milk supply of the city. A possible outcome of the agitation of the milk question is the centralizing of the milk supply in cities in the hands of large concerns and the present tendency is toward such a result. The education of the public as to the necessity of clean milk is, however, the matter of the greatest importance of the present time.

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Extracts

Secret Commissions.

By E. S. McKee, Cincinnati.

Commission on prescriptions creeps into notice once in a while. We learn all the way from Delhi, India, through Practical Medicine, of that place, that a Wisconsin judge took the proper view of this practice, which, though rare, is doubtless done to a small extent. The ruling of the judge was that "any contract made between physician and druggist whereby the former is to receive a commission from the latter for sending prescriptions to him, is illegal and against public policy."

A suspicion soon accrues to the physician who unduly urges his patients to take his prescriptions to one particular pharmacist that he is being bribed to do so by a commission by the pharmacist. It has been rare that this has occurred in Cincinnati, but there have been a few such cases, and if we are to believe a widespread rumor there is one very flagrant case of this kind on hand now. An ophthalmologist who insists on his patients buying their glasses at a particular store lays himself open to the same suspicion. There have been very few cases of this kind in Cincinnati. It is true that a physician should direct his patients to take their prescriptions to the best pharmacists in his neighborhood, and the oculist should do the same with his prescriptions for glasses, but in large cities there are so many good dealers and pharmacists that limitations are unjust and unwise, and the good of the patient is not thereby served. Another scheme for biphebotomy is to prescribe under a number or name or cipher understood only by a certain druggist or dealer, with whom the physician is in collusion. The patient is thus obliged, no difference how disagreeable or difficult or distant, to go to this particular pharmacist or dealer, under the impression that none other is capable or able to put it up properly, thus working an insulting injustice to other members of his calling. Sanitaria, mineral springs, proprietary medicine companies and such frequently offer physicians shares of stock on the business sent them as an inducement to the subscriber to take a more personal interest in furthering the sale of the goods.

Legislation against graft has been remarkably active in this country, as well as in England and Australia, of late. Judging from the Prevention of Corruption Act, which has been recently passed by the British Parliament, the giving and receiving of secret commissions must have been assumed to be a more common practice than is generally admitted. For example, under this act, "medical practitioners must not receive commissions from tradespeople in return for recommending their wares; or from a dentist for recommending patients; nor are they allowed to pay commissions to hotel proprietors, lodging-house keepers, monthly nurses, midwives or others for introducing cases. A consultant must not share his fee with the medical attendant. Commissions may be paid to agencies for introducing resident patients, but no medical practitioner may be able to receive a commission for recommending a patient to a colleague, or to hotels, boarding-houses, lunatic asylums or sanatoria, or for any service where his whole duty is to his patient, from whom alone he should accept remuneration." We

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much prefer to believe that these provisions are more prospective than retrospective. We would be sorry to think that such practices were common enough to demand legislative action in our own country. In any case, they assume such a degree of degradation of a noble profession as is hard to conceive of.

It is even claimed by those in position to be well advised that certain hospitals offer inducements for bringing in patients, in the form of tips, lunches, solid and liquid, for police and patrol officers and other runners. The hospital, it is true, is the greatest grafter the doctor has to contend with when it comes to emergency or accident cases. It is difficult for the doctor to keep his own patients when injured from being hauled off to the hospital right under his nose by energetic squads of patrolmen. It has even happened in Cincinnati that they have endeavored to capture members of doctors' own families when injured and haul them off to the hospital, nolens volens, and only the most energetic protests prevented.

San Francisco suffered for the sin of commissions on prescriptions, as well as many others, at the great earthquake. The pharmaceutical press contained a statement of the bad conditions there, which, thinking them overdrawn, was sent to one of the prominent physicians in San Francisco with a query as to its truth. His reply was that there was only too much truth in it. He said that the doctors of San Francisco had it in mind to fight the custom some day, but were too busy now with the patent medicine fraud to take up further conflict.

The statement was to the effect that some years ago a drugstore was started in San Francisco, but, unfortunately, lost money from the beginning. After a time the proprietor packed up his stock, moved to New Yoork City, and now has one of the most successful drugstores in the Eastern metropolis. Why was the drugstore such a success in New York after proving such a failure in San Francisco. Here is the secret of the incident mentioned. The pharmacist whose business venture proved so unsuccessful was compelled to move from San Francisco because he refused to pay tribute to physicians for the privilege of filling their prescriptions. According to our authority on the matter, there was only one drugstore in San Francisco which does not pay a percentage to some physician for every prescription filled.

Tribute is not only laid upon the pharmacist, but we are told that even the trained nurse must turn over to the physician the half of her first week's salary in each case in order to have her name placed on his list of eligibles. Even a divy was expected from the undertaker, it is said, if medical services proved unavailing. Comment on the state of morals in the medical and pharmaceutical profession of San Francisco is entirely unnecessary.

There is no doubt but that any contract between physician and druggist or other tradespeople whereby a commission is given or asked is illegal and against public policy. If a physician sends all his prescriptions to a neighboring drugstore and gets 15, 20 or 25 per cent on them, he will in all probability prescribe more often than is necessary, in greater dilutions and in doses of larger bulk. It is easy for the physician to make his prescription business four or eight times as profitable to the druggist as usual. Take, for instance, Fowler's solution of arsenic, which costs wholesale about 30 cents a pint. Prescribe one ounce to go nicely in the vest pocket and direct three drops three times a

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day. It will last nearly two months. Dilute this with water until the dose is a tablespoonful and an ounce bottle would hold two doses, a four-ounce bottle would not last three days. Note the difference in the cost to the patient if he took it in a month or two. I recall the case of a Cincinnati woman whose husband makes ten dollars per week who took her child to one of these commission doctors. Her medicine should have cost her a quarter or fifty cents. It did cost her three dollars for the one visit.—Lancet Clinic, Cincinnati.

The "American Medical Association Journal" and Its Editor.

In this day of startling circulation increases when a magazine which but yesterday numbered a trifle of fifty thousand readers, today enters ten times as many homes and counts it readers by the million, it will not be without interest to the constituency of Printers' Ink to learn something of the condition of affairs in the world medical as exemplified by the growth of the American Medical Association and its journal.

The American Medical Association, or the A. M. A. as the little association buttons read, held its annual meeting last month at Atlantic City—the most largely attended meeting in its history. Delegates representing upwards of thirty thousand members sat in executive session in the House of Delegates and listened to the report of the secretary-editor, Dr. Geo. H. Simmons, in which he said that the Journal was now going to over fifty thousand doctors, or to about one-third of the total number of physicians in the entire country.

When it is understood that the Journal of the American Medical Association costs its subscribers $5 per year, it will be seen that the income derived from the subscription list alone is no small item. When, in addition, we consider that it carries an average of some 45 pages of advertising, at an average cost of something over $3,000 per page, per ananum, it makes one "sit up and take notice." And this is exactly what a good many men are doing—taking notice, thinking it over and then taking some more notice and then—expressing themselves in various ways.

Some of these men "who are taking notice," noticed one thing particularly at this meeting of the American Medical Association, and that was that there was no medical journal represented in the exhibit hall except the Journal of the American Medical Association. This fact was commented on very freely, and the reasons, therefore, discussed with more or less feeling, according as the parties speaking were or were not interested in a medical journal that had been excluded, or that had not sought admission to the hall because of knowing that it would not be admitted.

It is sufficient to say that the reason for the non-admission of medical papers, other than the organ of the association itself, was the fact that probably every medical journal published in this country accepts advertisements that would not be accepted by the editor of the Journal of the American Medical Association, for example, advertisements of drug preparations that have not passed the Council of Pharmacy and Chemistry of the American Medical Association.

Now, to every one interested in the advertising of drug specialties in medical journals the above state of things is very interesting indeed. When we stop to consider that such great and well-established medical journals as the New York Medical Journal and the Medical Record, or one as widely read as the American

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Journal of Clinical Medicine, to say nothing of a host of other splendidly edited and well ordered publications, could not have been admitted to the exhibit hall of the American Medical Association, we may well begin to wonder what power has established rules so strong as to forbid them to enter.

There is no doubt that "the power" behind those rules is essentially Dr. Geo. H. Simmons, now for the eighth time elected to the office of secretary-editor and general manager of the American Medical Association. Dr. Simmons says that he is simply the servant of the association, that he merely carries out what the association demands. Others say that this is not true but that the association demands what Dr. Simmons wishes. In other words, we have here an example of what doctors call a "vicious circle."

When Dr. Simmons became the editor in 1899 the total number of subscribers was but a little over twelve thousand. This great increase in circulation is due to several factors: One, and not the lease important, is the fact that W. C. Braun has, during all these years, been putting in hard knocks as circulation manager. Skillful management of this department has covered the country with solicitors who everlastingly boost the journal circulation. Such methods have brought in subscribers very rapidly, which fact has meant the rapid influx of money. Braun has been advertising manager as well and as such helped greatly the treasury of the paper. With the money thus brought in the editor has constantly improved the Journal; with an improved journal the circulation department got more subscribers, hence more money, until another one of those "circles" has been established, although this can hardly be called a "vicious" circle.

The growth of the Journal of the American Medical Association has been indissolubly connected with the growth of the American Medical Association itself, and would, doubtless, not have been possible if the subscription canvassers had gone out in the name of the journal alone. In its turn the growth of the association has been due to the fact that the medical profession of America has been responding to a rallying cry, sounded vigorously and skilfully by those interested most heartily in the association and its welfare. That rallying cry was "Down with the proprietary medicine evil." The editor of the Journal took up the task of endeavoring to rid the profession of the evils attendant upon the use of proprietary medicines by the doctors themselves, and loudly called upon the profession to join the association in helping on this laudable object. The result has been as we have seen, a tremendous increase in both the membership of the association and a boom in Journal circulation, so great as to almost embarrass the home office.

Dr. Simmons is both a well-loved and a well-hated man, as may be supposed from what we have said above. He is considered by his co-executive heads of the American Medical Association as a man of very remarkable ability as an executive. He is considered by the majority of the medical profession in America as the strongest man politically in the American medical world. If the American Medical Association should be rightly called a machine, it is the strongest machine ever built by medical men, and Dr. Simmons is its builder.—E. S. Barker, in Printers' Ink.

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Who Manufactures the Nostrums and Patent Medicines? In Other Words, Who Makes Dope for Quackery?

Some time ago we aroused quite a furore in certain quarters—and the echo is still reverberating throughout the country—by asking the following question: Who manufactures the patent medicines and quack nostrums? In other words, who furnishes quackery with dope? This question was justified by the fact, which is well known in pharmaceutical circles, that the vast majority of the preparations with which the laity is being pestered and poisoned so energetically and so persistently are not as a rule made by the people who are the real owners and promoters. Practically all the proprietors of the fake patent medicines have not the slightest idea of chemistry and manufacturing pharmacy, and it would be as impossible for them to make an elegant pill or tablet, to fill a soft capsule, or to make a palatable, compatible mixture as it would be to solve a problem in differential calculus or astronomy.

At the meeting of the A. M. A. at Boston, Dr. Kebler, of Washington, Chief of the Drug Laboratory, Bureau of Chemistry, U. S. Department of Agriculture, showed that a very large proportion of the nostrum manufacturers (95 per cent, perhaps) have no laboratories of their own, but their remedies are made in the laboratories of the great and supposedly pharmaceutical houses, which are soliciting the business of the doctor —a business which these houses are at the same time secretly undermining. They say it is "business;" we say it isn't fair. It is a direct incitement to quackery, for we have no doubt that many of those quacks would not go into business at all if they had to construct their own formulas, build their own laboratories, employ chemists, etc. It would be too troublesome and too risky, while the great so-called ethical houses make it very easy and smooth-sailing for them. All the quack has to do is to say for what ailment he wants that particular nostrum to be, and the great houses put their knowledge, experience and facilities at the quack's disposal. They construct his formulas, make the preparations, label them artistically and attractively. In short, everything is done to make quackery attractive, and all the nostrum proprietor has to do is to pay the bill and then to push his dope onto the credulous people.

As a contribution to the discussion of the secret-nostrum question and an essential to its solution, this question must be answered. Justice can be done in no other way than by telling all the truth. It is incumbent upon the Council of Pharmacy and Chemistry and the Journal of the A. M. A., to possess themselves of these facts in their entirety and to let in the light. The inquiries are becoming more and more insistent, and already action has been taken. For instance, the Section of Pharmacology and Therapeutics at the Boston meeting, passed a resolution which reads in part as follows:

"The Section learns with regret that certain manufacturing pharmacists have practically placed the facilities of their plants at the disposal of venders of some of the worst and vilest nostrums by which the people of the United States have been defrauded. It is obvious that such practices cannot be too severely condemned, especially if the patronage and confidence of the medical profession is to be retained."

The Kansas State Medical Society has also positioned itself, for at its annual meeting in May the following

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resolution was passed: "Resolved, That manufacturing pharmacists who have engaged in whatever extent in the making of nostrums are hereby requested to abandon such manufactures, either directly for their own trade, or for exploitation by others."

It is up to the doctor to probe further in this matter. Who is it that is making "cascarets," for instance, or "Carter's pills," "Stuart's dyspepsia tablets," "damiana wafers," "force of life" remedies, and a score of other things sold directly to the laity? Do you propose to remain in partnership with the men who make the "patents" and "nostrums"? Do you approve of a business policy that preaches and lobbies for "ethical" preparations with the doctor, while it borrows the formulas of men who really originate successful proprietaries, supplies the druggist with ready-made mixtures for counter prescribing, and solicits (on the q. t.) the immensely lucrative business of men who are selling train load after train load of habit-forming "dope" to the laity—to their harm and your business injury?

These are questions which it is worth your while to consider and by the solution of which it is worth your while to be governed in the conduct of your own business.

We have no desire in any degree to tear down any honest business structure; we would impede the progress of no conscientious man; but we can no longer keep silence on this subject which is of so great importance to the medical profession —that which is the very backbone of quackery and fraud—that which renders their bombastic and soul-and-body-wrecking methods possible.

Let us assume that it is pure thoughtlessness, that when the matter is brought to their attention they will stop, but let us keep a weather eye on them to see that they do it, stop and stay stopped, that years of honesty and loyalty to the profession may at least attenuate the injury and disgrace they have caused to the profession.—Editorial American Journal of Clinical Medicine, September.

A Cure for Insomnia.

The sick person always has a neighbor who can suggest a remedy for whatever the ailment may be. Diagnosis, prescription and prognosis are quickly and cheaply given. It was so with the man who was affected by sleeplessness. He relates his experience thus: "My friend told me that by drinking two glasses of sweet milk and eating a pint of roasted peanuts just before retiring I would sleep like a log. I tried the cure. For the benefit of others who are suffering from the same disease of not being able to sleep I'll relate my experience. First let me say that my friend was right. I did go to sleep very soon after putting away the milk and peanuts. Then a man with a long tobacco knife came along and chopped off my head. Just as a couple of street dogs grabbed my head and started to run away with it I stepped on a trolley car and broke both legs. The conductor jabbed with a long red hot iron and cut off my right arm just above the elbow. I was negotiating with a millionaire for the purchase of his brown stone front when a Chinese dragon happened along and bit me in two. With a toothpick I stabbed the dragon to death and then proceeded to eat three bricks for my breakfast. I had just left the table when a locomotive rushed into the room and shot me between the eyes. I jumped up and threw a ton of chewing gum at the fleeting engine, when all of a

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sudden I was picked off my feet by a monster fish who deposited me in the middle of the ocean. I jumped up and ran across the water and stopped a passing steamboat and climbed aboard. Hardly had I taken a seat on deck when a huge snake swallowed me and started to fly through the air. As I went up into the clouds I woke up and found I had been asleep almost ten minutes.

"For insomnia try milk and peanuts."

The Operative Treatment of Fractures Involving the Elbow Joint.

Carleton P. Flint, New York, says that in injuries of the elbow joint open operation is not always indicated even where there is deformity and interference with function. In children especially waiting is the best policy. Still in many cases operation is advisable, that the fragments of bone may be wired into place or fixed by chromicized gut. The author goes into a careful discussion of the best procedure to be undertaken in each variety of injury to the elbow joint. The author operates only in cases in which there can be no doubt about the advisability of such procedure.—Medical Record, September 21, 1907.

Medical Ethics.

Pinard quotes Voltaire, that there is only one morality, as there is only one geometry. Very few people know geometry, but as soon as they study it a little they are all in accord. He protests against the remark he so frequently hears from patients: "I consulted a little doctor around the corner," or "a little country doctor where I was staying." He drew the picture of these "little doctors" forever traveling around the city streets and climbing staircases or jogging along the country roads, going, going, going all the time, never refusing their services, going into the wretched retreats of poverty, knowing well from dire experience that they can not rely upon being paid for their services, not even with gratitude, but going still, simply doing their duty as they see it. "These," Pinard remarks, "to my mind are the great physicians." Among other phases of medical ethics he discusses the question of responsibility, observing that few professions require such prompt decisions as the medical profession or impose such a burden of responsibility. He has known many physicians who gave up the idea of practicing after graduating with high honors, crushed by the weight of the responsibilities of a medical practice. Commenting on the fact that success does not always crown effort, even the most skillful, the most conscientious, he says that the physician is neither infallible nor all-powerful. In case of failure he must always expect to be blamed. In case of failure he may be arrested, treated as a malefactor and imprisoned, but the fear of blame should not deter him, even if it brings him in conflict with the courts of justice, if he acts according to the rules of the art. The question as to whether or not a physician should ever interrupt the course of a pregnancy, Pinard answers by saying that it is justifiable only when the mother is on the point of death from some affection caused or aggravated by the pregnancy. If the physician does not interfere, both mother and child will die, as the child is as fatally condemned as the mother. By interfering the physician has a chance of saving the mother. Referring to the question of professional secrecy Pinard says that it is a good symbol of the role of the physician

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in society, his task being to defend at the same time the interests of the individual and the interests of the public at large. Brouardel advised physicians to maintain the strictest professional secrecy at all times, but in daily life he frequently violated this rule, and Pinard thinks that there are many occasions when the phsician would be acting contrary to his sense of right if he adhered strictly to the letter of the law. In case one of his clients, in a contagious stage of venereal disease, announced his approaching marriage, and could not be induced to postpone it, Pinard says that he would go directly to the father of the prospective bride and say to him: "Do not give your daughter in marriage to that young man." This is all he would say, but this would surely be enough. He might be sued for damages by his client, and he might be condemned by the courts, but his conscience would be at peace. He thinks that this mode of conduct should be taught in the medical schools. In this point he differs from other French writers on medical ethics. He believes that the time is coming when the matter of health on both sides in the marriage contract will be regarded more than at present, and that the family physicans of the two families will confer, as the lawyers now confer over the marriage settlement. On the other hand, he declares that he would never denounce any one to the courts. He might testify that a man was the victim of poisoning, but he would never suggest who had done the crime. He would violate professional secrecy by reporting that a child to whom he had been called was the victim of inhuman treatment, and he would report to the authorities a case of epidemic disease, but no power could compel him to denounce the author of a crime. He would also warn a wet nurse that she would be incurring great risks if she took charge of a child whom he knew to have inherited syphilis, if the parents insisted on engaging her, against his warning. In regard to the question of fees, he says that the physician frequently gives advice to individuals and to communities which conflicts directly with his material interests. Members of no other profession do this, and physicians thus occupy a place apart. In charging for his services the physician should bear in mind the situation of his client and the importance of service rendered. The patient sometimes fails to recognize the importance of the service rendered, as when the physician discovers some affection and refers him to a surgeon, but the sharing of the fee is only justifiable, proper and ethical when it is done openly before the patient.—A. Pinard in Presse Medicale.

Municipal Regulation of the Milk Supply.

G. W. Goler, Rochester, N. Y. (Journal A. M. A., Sept. 28), speaks of the necessity of insuring purity and wholesomeness of the milk supply of our cities, and gives the details of the measures needed for that purpose. He points out also the difficulties of meeting the requirements from the supplier's point of view, and says that these should also be considered in the discussion of the subject. Nevertheless, the inspection rules must be rigid, and he gives them in detail, both as regards the city and country ends of the supply. They include, in the case of a large city drawing its supply from a district too extensive to be inspected from a single urban center the establishment of one or more substations,

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fully equipped with laboratories, etc., and with each its own dairy district. Near each small city and in connection with the substations of a large one, he says, there should be provision for a small experimental dairy farm, where all the operations of milk producing should be carried out for the educational benefit of the dairymen, and Goler suggests the establishment of such a one in a park in each city or in connection with the park system of a city. He thinks this would be a good field for endowment by one of our wealthy philanthropists.

The Business Side of a Physician's Life.

S. D. Wetherby, in the Medical Council, recommended a campaign of education for those who wish to dodge their medical bills, to remind them early, late and often that we are not in the practice of our noble profession simply for the flattery and kind things some say about us. Remind them of gratitude as an acute symptom; also of the fact that "short credits make long friends." Don't be afraid to talk business with your clientele. The physician who depends on the gratitude of his patients for his fees is like the traveler who waited on the bank of the river until it finished flowing, so that he might cross to the other side.

Show me a man of you today who neglects the business side of his profession and I'll point you to a man who will neglect his patients. A constipated pocketbook has a larger relation to unhappiness than does a constipated bowel.

"A stitch in time" may keep it from ripping further, but you will grow old just the same. Many dull and seemingly slow men gain a fortune by perseverance and steadiness, while others, better educated and brighter, make failures and "die in the straw," as the French say. The battle of life is not always gained by the young and the brilliant man, but by the persistent one. Doing a thing and keeping at it brings results, and we have the Bible as an authority. "The race is not to the swift or the battle to the strong, but to him that endures to the end." To be slow and sure in all things enables us to gain the goal. When Aesop wrote his fable of "The Hare and the Tortoise," he pointed the moral of continuous effort, and we have seen that the brilliant physician often fails and gives way to the one who is slow, sure and persevering. Men fail not because they lack talent, but for the want of opportunity; and it is safe to say that man is governed in life by environment, circumstance and opportunity. Place a man in proper environment, arrange circumstances favorably and give him a chance and he will succeed unless he is a fool. Shakespeare tells us this when he says, "There is a tide in the affairs of men which, if taken at the flood, leads on to fortune," and again, but in other words, he tells us, "There is a divinity which shapes our ends, rough-hew them as we will."

"Heaven is not reached by a single bound.
We build the ladder by which we rise
From the lowly earth to the vaulted skies.
And we mount to its summit round by round."

Did it ever occur to you,

That gratitude decreases in inverse ratio with the lapse of time following the beneficent act?

That the longer you allow an ac-

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count to stand the harder it is to collect?

That a favor is soon forgotten, but that an injury is brooded over, making the resentment stronger with years?

That you gain only your patient's contempt for your business methods when you allow him indefinite time for the payment of his bill?

That medicine is a business as well as a science, and that the physician who is most businesslike in his methods is most esteemed?

That it is a mistake to make your patients your boon social companions?

That the social ladder is not the one to mount if you seek to pluck the persimmon of professional success?

That the average man appreciates most what costs him most?

That it is better to make six two-dollar visits a day than a dozen one-dollar visits?

That the physician should "heel thyself," lest in old age the world say, "Well done, good and faithful servant; enter thou into the poor-house."

According to the table compiled by Doctor Jarvis, the life of the average physician is 56. Then, if you begin practice at 24 your active life prospect will be 32 years, and from a thousand to fifteen hundred dollars will represent your average yearly income.

Now, were you (through God's mercy) to practice these thirty-two years without losing a single day and collect, say, $8 every day of the time, you would receive but $93,440. Deduct from that amount your expenses for yourself and your family, your horses, carriages, books, periodicals and instruments, your taxes, insurance and a multitude of other items for the whole thirty-two years, 11,680 days; and then, so far from being rich, you would have but little, very little, left to support you after you naturally reach the downhill of life or are broken down in health and faculties deteriorated and in need of a physician yourself through worry, anxiety and fatigue in the discharge of your duty. Medicine in all ages has attracted into its ranks the most self-sacrificing members of society. As a science it was born in altruism.

To this day it offers the greatest opportunity of any department of life for the practice of the most ennobbling graces of character. Medical men must stand alone among others on earth in striving with their whole might to extinguish their own business. They preach temperance, virtue and cleanliness, knowing well that when people come to follow their advice their occupation, like Othello's, will be gone. They establish boards of health to arrest disease, while well assured that such sanitary measures steal money from their pockets.

If bakers, grocers, dry goods men, carpenters, tailors and members of all other lines of business gave as much of their labor in charity as doctors do, poverty would be wiped from the face of the earth.

Syphilitic interstitial orchitis resembles closely in appearance new growth of the testicle. Unless the diagnosis of neoplasm is beyond all doubt, an active course of specific treatment should be tried before removing the organ.—American Journal of Surgery.

When there is a perforating wound of the cornea, necessitating enucleation of the eye, the wound should be closed so that the eyeball does not collapse during the operation.—American Surgical Journal.

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Personal

Oregon.

Dr. W. L. Cameron has moved from Medford to Eileen.

Dr. W. L. Wood and wife are visiting in New York.

Dr. C .E. Linton, of Seaside, has moved to Warrenton.

Dr. F. W. Whiting, of Elgin, was in Portland last month.

Dr. E. M. Anderson, of Sumpter, were in Austin last month.

Dr. Andrew C. Smith, of Portland, was at Pendleton last month.

Dr. H. E. Beers, of Wasco, was a Portland visitor last month.

Dr. Strihecker, of Hermiston, was a Pendleton visitor last month.

Dr. W. H. Byrd and wife, of Salem, visited last month in Medford.

Dr. J .E. Shearer, of Roseburg, was a visitor in Medford last month.

Drs. Smith and Patterson, of Lakeview, have dissolved partnership.

Dr. J. S. Courtney, of Portland, has returned after a pleasant vacation.

Dr. Meyers, of Albany, had a fine hunt in the Cascades last month.

Dr. T. W. Brown, of Cloverdale, was a visitor at Portland last month.

Dr. George Wall, of Eugene, spent a day at Cottage Grove last month.

Dr. S. T. Linklater, of Hillsboro, has just erected a new store building.

Dr. J. C. Twitchell, of Portland, visited for a week lately at Roseburg.

Dr. I. U. Temple, .of Clarkston, Wash., has moved to Pendleton, Ore.

Dr. Floyd M. Day, of Eugene, was ten days up the McKenzie last month.

Dr. O. P. Low and family, of Arlington, had a pleasant time at Seaside.

Dr. D. R. Hamilton has effected a partnership with Dr. Taylor, of Vale.

Dr. H. P. Hargrave, of Medford, was a visitor in Central Point last month.

Dr. Ray Matson, of Portland, was married last month to Miss Caroline Holmes.

Dr. and Mrs. Bacon, of La Grande, recently visited Mrs. Bacon's parents at Albany.

Dr. and Mrs. J. A. White, of Portland, have gone to the Jamestown exposition.

Dr. W. H. Byrd, of Salem, was called in consultation to Brownsville last month.

Dr. Merryman, of Klamath Falls, made a professional trip to Medford last month.

Dr. and Mrs. S. H. Pernot, of Corvallis, had a week's stay at the seaside last month.

Dr. and Mrs. J. P. Wallace, of Albany, spent their vacation at the beach at Newport.

Dr. Geo. O'B. DeBar and son, of Eugene, had a hunting trip on the Siuslaw last month.

Dr. A. J. Giesy and wife, of Portland, returned last month from a visit to Yellowstone Park.

Dr. and Mrs. Willard Smith, of La Grande, have gone to Phenix, Arizona, to spend the winter.

Dr. Ralph A. Fenton has associated himself with his uncle, Dr. Hicks C. Fenton, in Portland.

Dr. H. S. Pernot, of Corvallis, spent some of the summer season with his family at the seaside.

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Dr. J. P. Wallace, of Albany, was a witness last month in a murder trial at Bellingham, Wash.

Dr. R. D. Cashatt, of Weston, has sold out his interests there, and proposes to locate in Spokane.

Dr. and Mrs. J. F. Dickson, of Portland, returned last month from a trip through Yellowstone Park.

Dr. Lulu M. Marquam, of Eugene, was a visitor in Portland last month, where her daughter is at school.

Dr. and Mrs. A. C. Panton, of Portland, are visiting in Ireland, at the residence of Dr. Panton's parents.

Dr. T. J. Higgins, formerly of Omaha, succeeds to the practice of Drs. Pearce and Anderson, of Sumpter.

Dr. and Mrs. F. D. Stricker, of Grants Pass, have returned from a summer's visit with friends in Michigan.

Dr. Chas. E. Geiger, of Forest Grove, took a trip into the southern Coos country, looking after his interests there.

Dr. Herbert Miller and family, of Portland, have returned after a two months' outing in the Cascade mountains.

Dr. F. M. Day, of Eugene,, and several friends, had a pleasant trip to Odell Lake, where they caught plenty of fish.

Dr. and Mrs. F. J. Bailey, of Hillsboro, entertained their friends last month at a party in honor of a naval friend.

Dr. F. A. Lieuallen has moved from Huntington, where he has been associated with Dr. Spencer, to La Grande.

Dr. G. W. Gregg, of Wallowa, recently took his family to Clarkston, Wash., where they will spend the winter.

Dr. E. H. Smith, of Lakeview, has a pressed steel ducking boat, from which he expects to be able to do rare execution.

Dr. J. A. Fulton, of Astoria, took a ten days' vacation last month, during which he attended the medical meeting at Seattle.

Dr. A. J. Cooper, of Nez Perce, went for a six weeks' hunt with some friends through the wilds of the Clearwater and its tributaries.

Dr. McCormac, of Marshfield, has returned with his family from an extended sojourn at their camping grounds on South Coos river.

Dr. Carl G. Patterson, of Baker City, has gone to New York to take a post-graduate course. He will return home about the middle of November.

Dr. C. J. Smith, of Pendleton, has taken as a partner Dr. I. U. Temple, of Clarkeston, Idaho. Dr. Smith leaves this month for a trip to Europe.

Dr. and Mrs. J. H. Thompson, of Joseph, spent three months in the east. During the time the Doctor took a post-graduate course in New York.

Dr. Alfred Kinney, of Astoria, attended the Board of Health meeting at Pendleton last month, and then went to Walla Walla, where he spent a week.

Dr. J. G. Patterson, of Merrill, has gone East to take a post-graduate course, and his brother, from Lakeview, has gone to Merrill to look after his ranch.

Dr. and Mrs. J. W. Huff, of Baker City, left for Iowa and Illinois last month, on a visit. Dr. Fisher, of

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Salem, looked after Dr. Huff's practice during his absence.

Dr. W. B. Holden, of Portland, has returned after taking a post-graduate course in the East. The Doctor spent some time at Mayo's place at Rochester, and thinks it is the greatest surgical clinic in the country.

Dr. J. L. Rawhouser, late of Saratoga, Wyo., has located at Medford for the practice of medicine. He has taken the practice of Dr. Morrison, who has retired from the profession and gone into the real estate business.

Dr. F. W. Prentice, of Eugene, has returned after a six months' trip abroad. The Doctor did post-graduate work in the various hospitals of London, Dublin, Edinburgh and other European cities, spent some time in sight-seeing and enjoyed his trip immensely.

Dr. G. W. Maston, of Klamath Falls, has just been re-elected a member of his city council, and was, at the first meeting after the election, chosen President of the council. In addition to this office, he is city and county health officer, and has recently been appointed physician and surgeon for the government in the reclamation service.

Dr. F. Cauthorn, so long a leading surgeon in Portland, has given up his surgical positon in Pueblo, Mexico, and moved to Velardena, Durango, Mexico, where he has taken surgical charge of the Velardena Mining and Smelting Co., one of Guggenheim's propositions employing 2,000 men. The Doctor reports a pleasant climate in which he enjoys good health.

Washington.

Dr. J. H. Corliss, of Sumner, was a visitor in Aberdeen last month.

Dr. Thos. Steagall and wife, of Ellensburg, recently were in Seattle.

Dr. and Mrs. Fred Peacock, of Cathlamet, visited in Astoria last week.

Dr. Chas. McClure, of Seattle, visited a brother in North Yakima last month.

Dr. H. S. Wiman, of Olympia, went to Alaska for several weeks' visit last month.

Drs. Bridgford and Ingham, of Olympia, took in the medical meeting at Seattle.

Dr. and Mrs. Ballard, of Kelso, visited the Oregon State Fair at Salem last month.

Dr. H. M. Moser, of Centralia, is at Rochester, Minn., attending the Mayo clinics.

Dr. and Mrs. H. C. Watkins, of Hoquiam, visited at Salem, Ore., during the state fair.

Dr. and Mrs. McGillivray, of Port Angeles, were visiting in New Hampshire last month.

Dr. C. W. Bales, of Kelso, read a paper on Gastric Ulcer, at the State Medical meeting.

Dr. H. W. Allen, of Spokane, has recently purchased a brick warehouse as an investment.

Dr. G. M. Gould, of Rockford, had a visit last month from his father, who lives in Michigan.

Dr. and Mrs. G. M. Steele, of Ellensburg, visited in Olympia and British Columbia last month.

Dr. H. W. Howard, of Prosser, attended the state medical meeting at Seattle last month.

Dr. and Mrs. Elmer E. Heg, of Seattle, have gone for a several months' trip to Europe.

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Dr. and Mrs. H. M. Greene, of La Crosse, took in the State Medical Society meeting at Seattle.

Dr. W. F. West, of Everett, spent two weeks on a hunting trip in Southern Oregon last month.

Dr. and Mrs. C. M. Frazee, of Sedro Woolley, gave a party last month for a Portland friend visiting them.

Dr. and Mrs. N. S. McCready, of Snohomish, were at Seattle during the meeting of the State Medical Association.

Dr. H. J. Felch, of Ellensburg, has been made company physician of the Chicago, Milwaukee and St. Paul railway.

Dr. J. D. Campbell and family, of Sunnyside, had a pleasant ten days' jaunt away from home during the warm weather.

Dr. Perry R. Crosswait, of Tacoma, formerly of Portland, fell from a street car last month and was seriously injured.

Dr. Jas. A. McLachlan, of Dayton, spent a week last month inspecting his mining property in the Coeur d'Alene country.

Dr. T. J. Appleton has removed from Port Angeles to Seattle, where he has formed a partnership with Dr. Hamilton Stillson.

Dr. F. H. Luce, of Davenport, was a recent visitor in Ohio, New York and Boston, in the interest of a bank with which he is connected.

Dr. A. J. McIntyre, mayor of Hoquiam, has gone east for a visit. He says he will be out of politics when the next city election comes around, as he has had enough of the mayoralty.

Dr. H. M. Moser, of Centralia, is now in Rochester, Minn., taking a course of surgery at the Mayo hospital. Dr. Livingston is looking after Dr. Moser's practice during his abscence.

Idaho.

Dr. J. R. Bean, late of Chicago, has begun practice in Mullan.

Dr. Ed. L. Burke, of Culdesac, visited in Grangeville last month.

Dr. Malcolm McKinnon, of Sand Point, has been on the sick list.

Dr. J. K. Clarke, of Weiser, has returned from a two month's trip east.

Dr. Jessie K. Clarke, of Weiser, has returned after a trip East of several months.

Dr. and Mrs. Earl S. Prindle, of Laclede, were visiting in Sand Point last month.

Dr. O. F. Page, of Sand Point, has lately enjoyed a visit of his father and mother from Kansas.

Dr. T. O. Boyde, of Twin Falls, has been on the sick list for some time, but has resumed his practice.

Dr. Geo. Kellogg, of Nampa, went last month on a duck hunting expedition to the Snake River country.

Dr. and Mrs. W. M. Semones, of Nampa, were recent visitors at Eugene, Or., where Mrs. Semones is interested in an estate, as an heir.

Dr. Alexander Hunter has left Kendrick and located at Coeur d'Alene, after spending about three months traveling in eastern states, and visiting various noted hospitals.

Montana.

Dr. T. J. Sullivan, formerly health officer of Butte, and member of Montana State Board of Health, has located in Seattle.

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MEDICAL SENTINEL

NOVEMBER
1907

Volume XV **Number 11**

Notes

A new hospital is to be erected at Wardner, Idaho, by Drs. France and Kennett. It is to cost $14,000.

Dr. Grant Calhoun has resigned as health officer of Seattle, and Dr. Frank S. Bourns has been appointed in his place.

The authorities at Spokane are getting after illegal practitioners, and let us hope that the movement is not merely a temporary spurt.

Extensive improvements are contemplated at the hospital for the insane at Orifino, Idaho. The architect is now preparing the plans. It will be a model institution when completed.

On October first a class of 24 candidates to practice medicine in Idaho was examined at Boise. The applicants were graduates of 17 different colleges, located in twelve different states.

Secretary of the Navy Metcalf has approved the plans for the new naval hospital to be erected on Puget Sound. The building is to cost about $150,000, and will have accommodations for 400 to 500 patients.

It looks as if Spokane would soon have an emergency hospital. Her

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example in securing this much needed institution under city management might be followed to advantage by other cities larger than Spokane.

The Walla Walla Valley Medical Society held a meeting on the 8th ult. at Walla Walla. There was a good attendance, and the paper of the evening was one by Dr. W. E. Russell, entitled "Physician's Duty in Feeding Children."

The Snohomish County Medical Society held a very interesting meeting at Everett, Wash., on the 1st ult. There was a good attendance and an interesting discussion on Stomach Surgery, and Making of Plaster Bandages and Application of Plaster Cast.

The regular meeting of the North Idaho Medical Society was held at Lewiston on the 9th ult. Officers were elected as follows: President, Dr. J. F. Hurlburt; vice-president, Dr. C. C. Phillipps; secretary and treasurer, Dr. F. L. Hinckley. All the officers reside in Lewiston.

An effort is being made in Portland to provide a hospital for indigent women suffering from tuberculosis. At present there is no accommodation for women of this class. At the county poor farm there is a ward set apart for men, but none for women. There is no more worthy cause than this, and we hope the authorities will see their way to provide the desired accommodation.

The Marion County Medical Society met at Salem on the 12th ult., when officers were elected for the coming year as follows: President, Dr. W. H. Byrd; vice-president, Dr. W. B. Morse; secretary, Dr. O. B. Miles; treasurere, Dr. W. Carlton Smith; counsellors, Drs. C. H. Robertson, J. N. Smith and H. E. Clay. A paper was read by Dr. Clay on "The Eye as an Aid to Diagnosis;" one by Dr. J. N. Smith, on "Immunity." Dr. C. W. King and Dr. R. C. Yenney, of Portland, were also present.

The Northwestern Quizmasters Association of Seattle is coming in for its share of criticism. It is claimed that this association is a company of medical practitioners who undertake for $100 "to coach a man after he has made application for a license to practice, and has failed to pass the Washington board." Some physicians who are locally eminent in Seattle approve the plan. Others, equally eminent, declare it to be "a graft, pure and

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simple." It looks as though the King County Medical Association will have to take a hand in the matter.

Following is a list of physicians appointed by Governor Chamberlain of Oregon to represent this state at the annual meeting of the Association of Military Surgeons at Jamestown, Virginia, last month: Colonel Charles T. Chamberlain, Surgeon-General; Major Joseph D. Sternberg, Surgeon; Captain Franklin C. Brosius, Assistant Surgeon; Captain V. L. Cheshire, Assistant Surgeon; Captain W. E. Carll, Assistant Surgeon; Captain M. B. Marcellus, Assistant Surgeon; First Lieutenant W. H. Boyd, Assistant Surgeon; First Lieutenant C. C. McCornack, Assistant Surgeon.

Organized labor believes in physicians in Seattle fixing a regular scale of prices, and abiding by it, under one condition—that the doctors join the local federation of labor, and pay dues to that organization. The labor unionists contend that the physicians must submit their scale of prices and rules to the Central Labor Council, to be ratified by that body. Otherwise the members of the labor unions will not do business. As one of the labor unionists says: "If the doctors want to get into the union game on the square, let them buy a stack of chips before the deal is made, and not try to play an extra hand."

Dr. Robert E. Lee Steiner Gets His Appointment.—Dr. R. E. L. Steiner, of Klamath Falls, was last month appointed superintendent of the Salem State Asylum, to succeed Dr. J. F. Calbreath, to take effect January 1st next. Dr. Steiner was formerly a resident of Salem, but during the past four years he has been practicing medicine at Klamath Falls. Dr. Calbreath, at the expiration of his present term, will have had had the position for eight years. Dr. Steiner's appointment is for four years. Dr. Steiner is at present in the East, where he is taking a post-graduate course, giving special attention to mental diseases.

The Oregon State Committee on Tuberculosis, a branch of the international association, held a meeting last month, at which Dr. E. A. Pierce was elected permanent chairman of the committee, and Mrs. Millie Trumbull permanent secretary. This committee will make plans for developing work against tubercular tendencies, and will work in conjunction with a representative committee of the Visiting Nurses' Association for the destruction and prevention of the malady. They plan to undertake the inspection of schools, factories and lodging houses and the collection of statistics for publication that the importance of the matter may be impressed upon the public.

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Editorial Notes

One or Two Telephones.—The Portland physicians are agitated over the telephone question. Not more so, perhaps, than other people who are called on at the first of every month to pay double tolls. It is not easy to determine what to do to obviate the grievance. The old company permitted its service to run down so deplorably that the public welcomed with open arms a system that promised to give them a "cussless, girlless" telephone, which would ordinarily give you the party you wanted quicker than the old system would give you "central." Physicians, as well as business men, were ready to subscribe, and did so readily, to the new phone, mad clear through every day at the execrable service of the old company. The new company's solicitors got some subscribers through misrepresentation as to rates, which the company now repudiates, so that the feeling of the doctors towards the new company is not as good as it should be. It is very clearly to be seen that the automatic system, while it works as well as it does in Portland, is in many respects far ahead of the old system, which requires a human being at the central office, who is liable to be impertinent, cross, negligent, slow, and who in a large percentage of cases gives the "wrong number." It may be that there will be a survival of the fittest, and that the time will come when one company only will exist in Portland. Perhaps this is not to be desired. Such a company, if run by human beings, and not angels, would in all probability get as careless and saucy and inattentive to business, with a "what are you going to do about it" sort of an air, as any company always does that has a monoply of such a business. Before the physicians finish discussing this matter, they will in all probability come to the conclusion that they cannot afford to get along with one telephone; that if they need one, they need two, and they may as well pay their bills with as much grace as they think it advisable to heap upon the head of the collector when he comes around each month.

Doctors and Lawyers.—It is no uncommon thing for members of the legal profession, at banquets and other places, to advance the opinion that their's is the most glorious profession in the world; that the time of the lawyer is spent in avoiding litigation for his clients, in smoothing the rough places, and making neighbors behave towards each other peaceably. And yet if the doctors of the country were to do what the lawyers are doing every day, they would be held up to public execration. The doctors are meeting in their societies; comparing notes; sparing no pains to equip themselves so that they can be of the highest and best service to their patients. The lawyer, while he is informing himself so as to win his cases as against the other fellow, is rarely endeavoring to save trouble and expense to his client. A case came to our notice recently, in which some medical men were involved. The lawyer on the other side got them into court on a frivolous proposition, and admitted before the court that he knew very little about the case; that his complaint contained matter which he found on coming into court was contrary to the facts, and that it looked as though he had no case whatever. If, before going into court, he had made the slightest examination of the merits of the action, he would

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have saved considerable expense to his client. But it was not a part of his business to save his client expense or trouble. To have told his client at the first that he had no case, would not have entitled him to as large a fee as he could secure after appearing in court. He was after his fee; the consideration of his client was a secondary matter. He simply did what hundreds of lawyers are doing every day. A physician, similarly inclined, would give his patient medicine that would purposely and designedly aggravate his illness, so that he might draw larger fees, and have more visits. We know that this is not the way of physicians. Their policy, recognized, everywhere, is to take the shortest and best steps towards recovery, and there are very few doctors who are in the habit of making too many calls on their patients. Generally the complaint is that they do not make calls enough.

* * * *

There is a side to human nature which must be mentioned in discussing the question of the duty of the physician to the patient and the lawyer to his client. The average client might be willing to pay a lawyer a hundred dollars to drag an absolutely hopeless case into court, doomed to failure, whereas he would begrudge the lawyer half that amount to be told at the outset, after investigaion, that he had no case, and should stop before he begins. What medical man has not had patients who were desperately ill, who needed advice and simple treatment, who speedily recovered as a direct result of the physician's care and advice, but who begrudged a moderate bill because the treatment had not consisted of a large number of useless prescriptions, followed by copious doses of medicine?

Prescriptions and Proprietaries.—How some things are done passes ordinary comprehension. For example, a Philadelphia pharmacal journal tells how as a result of the examination of one thousand prescriptions from two of the leading drug stores of Philadelphia, it was found that thirty-five per cent of them contained proprietary preparations. Why do drug store proprietors permit a stranger to examine their prescriptions? Is it fair to the writers of the prescriptions? We can understand that conditions might arise in a criminal prosecution, in which a druggist might be summoned by the court, duces tecum, to produce certain prescriptions that he had been called upon to fill. That would seem the only condition under which a druggist is justified in exposing to public view the prescriptions that he has behind his counters.

Mr. Bok may think that it is very much against the prescriptions he has examined, that in many of them proprietary preparations are mentioned. But a great many very competent physicians do not agree with him. There are many proprietaries concerning which physicians are well informed. Their formulae are known, and they are uniform in their action. It does not matter what druggist handles them, it is known what effect they will have on the patient, much better than in the case of U. S. P. and N. F. imitations. Universal condemnation should be visited upon the custom, which it is charged prevails with some young and immature practitioners, turned out of some of the schools, of taking the word of the manufacturer for what effect their products will have in certain diseases. But a wholesale denunciation of the practice of prescribing proprietaries will never meet the ap-

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proval of the experienced physician who prescribes them, for he invariably knows what they contain, and what effect they will have under certain given conditions.

Alleged Health Talks.—Sometimes the stable door is locked after the horse has been stolen. Sometimes it is not even locked then. We have not learned as yet that the Viavi propogandists have secured a Portland church for the purpose of giving health lectures to the good women belonging thereto, but if not, it is because they are a little slower in Portland than in some other localities. We may expect it some day in the near future. Let us hope that the Portland church doors will be closed to this set of schemers before they get to the platform. Charlatanism is always ready in every country to use the churches for financial gain, and "health talks" are often considered to be quite in line with the endeavor of the Christian church to better the lives of the public. In some places the Viavi folk have driven the bargain with the good church people, agreeing to pay ten cents for each person who would attend the "health talk" of the Viavi lecturer. This is a taking proposition to some people, and it is worth while to guard against it.

Keeping Up Interest.—There is a good deal of human nature in the average doctor. Whether the doctors are asked to organize, or whether the members of some other fraternity are asked to organize, there will be the self-same difficulties to overcome. In the report from Idaho, published in this issue of the Medical Sentinel, there are indications that some of the societies subordinate to the state society are more or less moribund. They are very much like a society concerning which a contemporary publishes some observations—some of the members are weak-sighted, some near-sighted and some far-sighted. The first named can see nothing in medical organization; the second can only see the benefits that come close to them; the third class are those who are always on the lookout for something good in medical organization, and are trying to better conditions. They attend the meetings, shine or rain. They perceive the benefits that accrue to both themselves and their patients by frequent society meetings.

After all, there is a good deal dependent upon the secretary, or other executive officers of the organizations. Let th eofficers whose business it is to inaugurate discusions, arrange for papers, and do the executive work, lag in the performance of their duties, the effect will be soon felt, and shown in a lack of enthusiasm on the part of those who are naturally weak-sighted and near-sighted. There must be motive power exerted by one or two far-sighted men, in executive places, or interest wil flag, members will drop out, meetinfs will be poorly attended, and dues will remain unpaid.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

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THE HEALTH OF THE SCHOOLS

With commendable energy, Dr. Esther Pohl, of Portland, started, some time ago, a movement looking to the examination of school children for contagious and other diseases. There was no city appropriation to pay for such an examination, but she found some young physicians who were ready to aid her, without pay. It is very clear to anyone that such examinations would be made solely in the interest of the public health, and it would be extremely difficult for the rankest pessimist to see any ulterior motive lurking in the heart of Dr. Pohl or her assistants. But one of the Portland newspapers saw trouble ahead, and scoffed at the idea, believing, probably, that the health of the school children of Portland is good enough, and that the whole business was the result of an overworked fad. And yet every physician knows of scores of people who, if when they were school children, they had had the advantages that are now offered to the Portland school children, and had received proper treatment, would have been spared years of suffering in after life. The entire movement was absolutely altruistic; solely in the interest of the health of members of the community who will become the men and women of the future.

In these days, when selfishness is the rule of life in so many branches of industry, it is hard for people to adjust themselves to the idea that physicians are in the habit of doing things against their own financial interests, and in the interest of the public weal. Certainly this movement in the Portland schools is in that direction. The plan is for the physician to visit a school, and merely question the teacher as to the condition of the pupils. If any are found indisposed, the doctor will look at the child, ask a few questions, and if the child is believed to be afflicted in any way, it will be sent home with a note to the parents, suggesting that the regular family physician should be summoned to diagnose the case, and in the event that the family has no regular physician, the health warden will attend the child or recommend another physician. In this manner the health officers hope to offset any likelihood of the spread of epidemics, and protect not only the sick,

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but also the healthy school children. It is hard to see that there is anything in this plan to condemn. It is hoped that the authorities will receive proper encouragement, and that the idea may be carried out in other cities in the state.

The opinion is advanced by Dr. Yenney that there should grow out of this tentative movement the appointment of two competent and well paid inspectors, whose sole duties shall be to visit the schools from time to time and guard against the breaking out of infectious or contagious diseases among the children. Such inspectors should go even further than that—when they find a child suffering from eye strain, or any other ailment which the parents in their ignorance are inclined to ignore, attention should be called to it, and immediate steps taken at the expense of the parents, or at public expense, to remedy the trouble. The expense of such examination would be very small, when it is considered how great the benefit would be.

THE NEED FOR POLITICAL ACTION

The officials of the Idaho Medical Society express the opinion, in their report published in this issue of the Medical Sentinel, that if physicians expect to do anything to improve conditions, they must devote more time to the study and practice of politics. There should be more physicians in the legislature; not inexperienced men, but physicians who have been active in the practice of their profession, and who are recognized leaders. This is all as true as gospel. It is of very little use to meet in a medical society and resolve that certain laws should be enacted by the legislature, looking to better sanitary conditions for our cities and towns; that laws suppressing quacks and quackery should be passed; unless something more is done. It is not money that is needed to enforce the principles so eloquently set forth at medical society meetings. Eternal vigilance is the quality that must be used; personal work in the political arena. The political doctor is decried by some fastidious souls, who have some excellent theories as to how the universe that revolves around legislative halls should be run. But after the battle is over, these critics find that too often the legislature has done just about as the osteopaths, the naturopaths, the chiro-practics and similar "healers" desired. They will find that power is taken from, instead of given to, the regular board of medical examiners; that the bars are thrown down, and the public is made the plaything of an endless array of schemers, who have no other purpose in life than to acquire money for fraudulent pretension. The Medical Sentinel believes that not only in Idaho, but everywhere, the only way for the medical fraternity to secure good laws relating to medical practice, is for individual members of the profession, who possess the necessary political qualification, to enter the fight, and even at a sacrifice of their finances and their feelings, attempt by their presence in legislative halls, to guide their fellow legislators in the right direction.

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MEDICAL EDUCATION

While the human sufferer is entitled to the best medical knowledge extant, it is not always practicable to get it. Sick people are so very widely scattered through the land; there are so many bad roads to be traveled, water courses to be forded, bridgeless chasms to be crossed, that as tens of thousands of physicians cannot all be ideal practitioners, many a deserving man or woman lying on a bed of sickness, must take treatment other than the best. The problem of the organized medical profession today is to secure the best for the people that is possible. The papers that are read at our medical societies; the discussions that are had; the post-graduate courses that are taken; the trips to European clinics that are made—all point in the direction of getting suffering humanity better treatment today than was obtainable yesterday.

Our medical schools are criticised, and it is well that they should be. Criticism that is fair tends in the direction of improvement. The criticism is, speaking generally—first, that some medical schools admit students whose preparatory education is not sufficiently thorough; second, that the medical course itself is not what it should be. The apologist for the average medical school of today, while admitting all that is said in the foregoing paragraph, calls attention to the fact that a large part of every-day practice is country or village practice, and among a class of people who do not care for or understand refinement of any sort. Among such people, general culture is not appreciated. It is claimed that the rough-and-ready man who is familiar with the language of the field and shop, and who can speak it with the people, is successful, where the user of the choicest English may fail—not because he uses good English, but because of the acquired mental peculiarities that may go with it. "The practitioner cannot be too far ahead of the people with whom he has to deal. For the time the man spends, who is called the family physician, and attends to all ailments, his pay is far from high, and possibly not high enough to warrant a longer time for preparation." The young man who has left the high school, and who looks over the field offered to the medical student, hesitates at spending too many years to prepare himself for his life's work.

We would not for a moment throw cold water on the much expressed desire of medical societies, and committees innumerable, to elevate the preparatory work of the medical student. We merely desire to call attention to the very practical suggestions that are made on the other side, and ask if there is not some compromise course which will mark an advance, and yet be so extensive as to be practicable. While quoting the foregoing suggestions, we reiterate the fact that suffering humanity is entitled to the very best it can reach in the way of medical experience and knowledge.

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INDICATIONS FOR TREATMENT IN GASTRIC AND DUODENAL ULCER.

By K. A. J. MACKENZIE, M. D.
Portland, Ore.

Read before the Oregon State Medical Society, July 12, 1907

In any discussion on the indications for treatment of gastric and duodenal ulcer it is safe to regard the two conditions as one pathological entity. The more modern students of gastrology seem to be arriving nearer and nearer to the conclusion that the pyloric ulcer is in most cases a duodenal ulcer, which has extended across the pylorus to the stomach, and that fully 40 per cent of all gastric and duodenal ulcers are duodenal.

It is not difficult to conceive the reason of the ulcer being more frequently in the pylorus and duodenum when one stops to consider that the pyloric portion is a veritable mill which receives the food from the reservoir of the cardia and passes it on with churning and grinding force towards the small intestine.

In other words, the impact of force which often implies trauma falls upon the pyloric end of the stomach and the duodenum, and hence the more frequent development of ulcers at these two points. A practical and convenient classification of ulcers disposes of them in two large classes, viz: acute ulcers and chronic ulcers.

Acute ulcers probably have a different etiology to the chronic variety, and it is more than probable that they are caused by trauma inflicted by hard or sharp objects, or by thermic, toxic or corrosive action.

The acute ulcer is generally found in young people, and is very often found associated with anemia and chlorosis. According to Gibson the acute ulcer has the following character:

"It is small, varying from one-half inch to one and a half inches in diameter, and has the appearance of being punched out of the walls of the stomach or duodenum. The edges of the ulcer are not greatly thickened, but are congested, and the base of the ulcer may show patches of necrosed tissue. Second, ulcers may be found close together, varying in size, or an acute ulcer may be situated near a large chronic one. The ulcers are situated chiefly in the pyloric region and in the duodenum, usually in the first horizontal portion, and they very often perforate. Very often they will be found limited to the mucosa.

"The acute ulcer develops quickly, extending rapidly through the mucosa to the muscularis and serosa, frequently perforates, the rupture in the peritoneum being rough and ragged."

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In the nature of things they tend to heal quickly under favorable conditions, and when healing takes place there may be little or no evidence of cicatrization.

The acute ulcer does not cause puckering and thickening of the peritoneum, which are the constant signs of the chronic ulcer; hence it is that the surgeon is unable by inspection or palpation, without or within the abdomen, to determine the existence of the acute ulcer, and must therefore depend upon the study of the symptom complex for a correct appreciation of the morbid process.

It is possible, of course, for the acute ulcer to become chronic. On the other hand, the chronic ulcer found in middle age and later is probably chronic in its course from the beginning.

The relation of the acute ulcer to anemia and chlorosis is not thoroughly understood so far as the relationship of cause and effect is concerned.

It is more than probable, as Virchow stated many years ago, that gastric and duodenal ulcers develop their origin in thrombotic plugging of the terminal vessels in these organs.

CHRONIC ULCER.

Chronic ulcers develop in middle age or later. According to Gibson, the ulcer is funnel shaped, the wider end of the funnel being at the mucous membrane, the smaller being situated near the peritoneal coat of the organ. The edges are often greatly thickened and may be one inch in thickness, the thickening being due chiefly to the increase of the fibrous tissue in the submucous coat.

On closer examination the mucous membrane as well as the muscular and peritoneal coats are found thickened. The base of the ulcer is irregular, owing to the ledges formed by the retracting coats of the organ. The base may be formed in the center by the peritoneum alone, or the peritoneum may have disappeared and the base be formed by the surface of the liver, pancreas or spleen.

Not infrequently the base of the ulcer may show a smooth scar where healing has taken place, the remaining parts showing active ulceration.

The shape of the ulcer is round or oval; it may be horseshoe-shaped, passing from the posterior surface of the organ across the lesser curvature to the anterior surface, and varies in size from one-half inch to six inches in diameter.

Bearing in mind this description of these two varieties of ulcers we can, perhaps, more intelligently appreciate a study of the indications for treatment.

It would be a very safe rule for physician and surgeon alike, having due regard to the morbid processes underlying the acute and chronic ulcer, to arrive at certain definite rules, which could be safely adopted. It would appear to be a very safe rule, for instance, for physician and surgeon alike to regard acute ulcers as being strictly amenable to medical treatment only.

In other words, the acute ulcer is detected by the study of a very definite symptom complex. In a youth of either sex, let us say, the diagnosis is made absolute and positive, rational therapy of the dis-

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ease is established and maintained for the requisite period of time; the patient recovers, months pass and there is no relapse. Plainly the medical treatment is completely vindicated in such case, and under like conditions it would surely be nothing short of criminal to resort to surgery.

Granted, let us say, 100 cases of acute ulcer developed in, let us say, 50 boys and 50 girls under twenty years of age; granted further that they are treated by intelligent physicians on rational lines of treatment, I venture to affirm that out of these 100 cases not less than 90 would undergo permanent cures, and that the remaining 10, representing the transition from the acute to the chronic ulcer could be very properly referred to the surgeon for relief.

These figures are significant if they are correct. They carry significance when one stops to consider that the almost universal tendency of the day is to operate in any and all cases of gastric ulcer.

Passing on to a consideration of the chronic ulcer, in like manner very definite indications for treatment can be laid down, and whereas it has been laid down that the acute ulcer is a medical disease amenable to medical treatment only, with as much argument and force it can be said that the chronic ulcer is a surgical disease amenable practically to surgical treatment only. A small remnant of chronic ulcers yield to medical treatment, but the number is so small as to be safely regarded a negligible quantity.

When a man or woman in the neighborhood of fifty, presenting a typical history of chronic ulcer, comes under the care of a physician, it is his duty to advise immediate surgical operative treatment, and not to waste precious time dallying with the disease, sacrificing opportunities which are swiftly passing away.

It is a poor rule, of course, that will not admit an exception, and it is, therefore, admitted that in a few instances the physician or surgeon will be justified in placing a chronic ulcer under medical treatment, but the first or second relapse, which will almost certainly develop in a case of chronic ulcer, should be taken as a positive indication for surgical intervention.

What are the special indications for treatment in hematemesis? Here, again, the classification adopted of the acute and chronic ulcer will be found to be of assistance. The first duty, of course, is to place the patient at absolute rest, and to institute the best available means for the arrest of the hemorrhage, and once the hemorrhage is controlled the physician or surgeon or both should proceed to differentiate the case properly, and establish whether or not the case is an acute or chronic ulcer of the stomach or duodenum.

The acute ulcer is referred to the physician for proper treatment, and in the case of chronic ulcer the surgeon proceeds to operate.

The most effective remedy in acute hemorrhage of the stomach is lavage, using water at 120 degrees to 130 degrees.

I have observed in my practice thirty cases of hematemesis, and out of this number there were no deaths.

Boucher has recently laid down that the following types of gastric ulcer should be considered surgical:

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1. Cases of relapsing acute hemorrhage, recurring despite all treatment.
2. Cases with persistent hemorrhage causing anaemia.
3. Perforation.
4. Recurrent ulcer, pure and simple, attended with dyspepsia and starvation.
5. Pyloric obstruction.
6. Adhesions complicating ulcer.
7. Scar contraction of the body of the stomach, causing hour-glass deformity.
8. Some cases of intractable dyspepsia originating in an ulcer and for which a definite pathology is unknown.

After surgical treatment, Kroenlein gives the mortality following operations for gastric ulcer as 8 to 10 per cent. He is well satisfied with the late results. He found upon investigation that 61 per cent of his patients were permanently cured and 24 per cent were improved, 12 per cent were not improved, and 3 per cent had died from complicating carcinoma. The list of patients thus investigated numbered 67, most of them being treated by posterior gastro-enterostomy. Unfortunately for our purpose, he does not state definitely the time which had elapsed after operation when the report was made.

Many of these patients were personally examined for him by Kreuzer, who found the results of operation (chiefly gastro-enterostomy) to be as follows:

1. A dilated stomach shrinks to normal, requiring a longer time to do so if the dilatation is great.
2. If the secretory function of the stomach is disturbed before operation, it becomes normal in most cases in a short time.
3. Hyperacidity usually disappears so that in some of these cases there was for a time less acidity than normal. This became normal again, however.
4. If there is no hydrochloric acid before the operation, it usually reappears soon after the operation.
5. A flow of bile into the stomach was observed in some cases, but it did not last long and was not particularly troublesome.
6. A flow of pancreatic fluid into the stomach has rarely been demonstrated.

Kroenlein is a strong believer in posterior gastro-enterostomy as a means of treating gastric ulcer. He says that no other operation will so quickly heal the ulcer, free the patient from decomposition of the gastric contents, and restore the normal functions of the stomach. In his judgment, excision of the ulcer should rarely be practiced. The difficulty of locating ulcers, the fact that ulcers are often multiple, and the technical difficulties of excision are all arguments against it. Furthermore, it does not improve the gastric conditions materially, and to produce a complete cure it must often be combined with gastro-enterostomy.

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ABDOMINAL DIAGNOSIS AS TESTED BY OPERATION

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Read by Invitation before the Oregon State Medical Society, July 12, 1907

My object in presenting this paper is to compare the diagnosis in abdominal cases with the findings of operation. There is a widespread tendency amongst physicians to adopt a waiting course in abdominal diseases if the diagnosis is not entirely clear. I wish to insist upon the proposition that, unless the case is doing well, as, of course, the great majority of abdominal diseases do, or unless it is so far advanced as to be obviously hopeless, we should consider most carefully an exploratory operation. Where the chances are so great of missing the exact diagnosis, too many physicians are timid about suggesting exploration. I wish to show that, although in many cases the diagnosis is not technically an exact one, yet a working diagnosis may be arrived at, and should be acted upon if we wish to do justice to our patient. While hesitating, watching the gradual decline in weight, examining for enlarged glands, testing for free HCl and for lactic acid, and searching for occult blood in the feces, the patient with cancer of the pylorus is passing by the stage at which intervention may be of value. I wish to urge, as strongly as I am able to do, that in doubtful cases that are not doing well, exploration must be advised. I think I shall be able to show, by the study of cases presented herewith, that we may thus save many lives, while we do comparatively little harm. The case of cancer of the stomach that dies a month sooner than it otherwise would have done from pneumonia following the anesthetic should by no means be set off against another one in which a timely resection of the pylorus gives the patient three years of comfortable life, much less against the one who permanently recovers.

Abdominal diagnosis give us many surprises, and few have ventured to give statistics in this field. It involves, in my own case, and I believe, from a fair knowledge of the work of other men, in other's experiences as well, some humiliation, and yet it is most profitable to review our cases and study our errors, and we should not be too thin-skinned about letting others know of them. I am glad to say that my mistakes have generally made so great an impression upon me that I find much satisfaction in learning that the statistics show up as reasonably well as they do. I derive some satisfaction in re-

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flecting that, of the cases where greater or less error existed, 44 were seen but once in consultation before the operation, and some of these out of town, with less perfect facilities than one might expect in his own office. Nevertheless, operation seemed clearly enough indicated to justify it without waiting for further examination, and the results have generally proven this course to be wise.

It should be stated here that the diagnosis in most of the cases reported today is to be credited as much to the surgeon and in many cases to the family physician interested as to myself. In most of the cases we have agreed and been correct, in some we have agreed and been wrong. In these latter cases I have presented my own diagnosis.

This series includes the last 300 consecutive abdominal cases seen by me in private practice which have come to operation, with the addition of twelve rather unusual cases seen at the Denver City and County Hospital during this time, in which I was sufficiently interested to keep a private record. Unfortunately, the great majority of the hospital cases were not recorded in such a way as to permit me to utilize them, for the ante-operative diagnosis was not distinctly recorded.

Of these cases 221 were operated upon by six of the more prominent Denver surgeons, while the remainder were in the hands of thirty other surgeons, including eight in other states. In these latter cases and in a small number of those operated upon in Colorado the final diagnosis as given is that of the operator, since I was not present. I have included all cases in which the internal organs between the diaphragm and the perineum were exposed through the abdominal wall or the loin. It is interesting to note that twenty of the patients were medical men.

The diagnosis was substantially correct in 244 out of the 312 cases. If, for example, an ovarian cyst was diagnosed, and with it the other ovary was found cirrhotic, or a small fibroid was present on the uterine fundus, it is passed as a correct diagnosis, since probably no more accurate one is possible in such a case. If, however, I have written on the card, "Probably gall stones, but possibly duodenal ulcer," and the latter only is found, it is counted as a technically incorrect diagnosis, even though the operation was done through the same incision and the patient was just as well off in every way as if it had been technically correct.

These 244 cases, in order of frequency, were as follows:

Chronic appendicitis (alone) 58
Acute appendicitis (alone) 42
(In two cases immediately after delivery, involving exclusion of puerperal diseases.)
Dilatation of stomach from scar of pyloric ulcer, uncomplicated... 21
Floating kidney, uncomplicated 13
Cystic gall stones 11
Perforative appendicitis with abscess 10
Gall stones in common duct 9
Ovarian cyst, uncomplicated 8
Chronic appendicitis with floating kidney..... 6

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Cancer of stomach, uncomplicated 5
Cancer of stomach with dilatation from pyloric obstruction..... 4
Intestinal obstruction from bands or adhesions..... 4
Salpingitis practically uncomplicated 4
Chronic appendicitis and cholecystitis 3
Ulcer of stomach, perforated 3
Ulcer of stomach, uncomplicated 2
Abscess of liver, amebic 2
Prolapsed ovaries 2
Uterine fibroids, uncomplicated 2
Extra uterine pregnancy, ruptured 2
Sarcoma of kidney 2
Ovarian cyst with acute appendicitis..... 2
Acute cholecystitis 2
Subphrenic abscess 1
Ulcer of stomach with localized peritonitis threatening perforation.. 1
Ulcer of stomach and hernia of linea alba..... 1
Duodenal ulcer with hemorrhage and cystic gall stones..... 1
Dilated stomach from scar of old ulcer, with chronic appendicitis.. 1
Cancer of stomach with ascites 1
Dilated stomach, floating kidney and chronic appendicitis..... 1
Tuberculous peritonitis 1
Bacillary pyelitis (drained and cured) 1
Congenital pyloric stenosis 1
Ulcer of stomach and chronic appendicitis..... 1
Acute appendicitis and salpingitis 1
Typhoid perforation 1
Echinococcus of liver 1
Chronic cholecystitis 1
Interstitial nephritis with hemorrhage 1
Hernia en bloc 1
Salpingitis and pregnancy 1
Uterine fibroid and pregnancy 1
Tuberculosis of cecum 1
Pelvic abscess 1
Cancer of liver 1
Chronic gastritis (explored because of fear of incipient cancer).... 1
Neuralgia of abdominal wall (explored because we were not satisfied to leave the patient with this diagnosis without exhausting every means of proof—nothing abdominal found—cured by operation 1
Ovarian cyst and pregnancy 1
Ulcerative colitis 1

(Artificial anus, recovery and a subsequent successful closing of opening.)

It is needless to say that, of the 244 cases with technically correct diagnosis, the operation was from my standpoint justified. In other words, excepting in the cases where we confirmed a probable diagnosis of hopeless disease, the conditions justified an attempt to save life by operation.

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In eighteen of the cases, to be sure, we only made certain of the presence of malignant disease, and in one, of cancer, where we had diagnosed tuberculosis of the bladder, but we must be sure to give the patient the benefit of a possible error in diagnosis, when his life is at stake, unless we feel that that error is exceedingly improbable, or that, operation or no operation, death is certain. In none of these cancerous patients was life shortened very much, in several it was rendered much more endurable by a gastric-enterostomy, or other operation, and in several cases life was greatly prolonged.

In ninety-four of these cases death was almost certain without operation; including twenty cases of cancer, the cases of perforative peritonitis, ruptured extra-uterine pregnancy, rapidly-growing ovarian cysts, abscesses of liver, intestinal obstruction, etc., fifty-three of them recovered completely. I do not doubt that we are safe in saying that at the least forty-eight or fifty or these fifty-three patients owe their lives entirely to timely operation. Of the remaining 41 cases we may say that the death of 31 of them within the first month after operation and the failure to give permanent benefit to the other 10 is as much as saying that we cannot yet cure advanced cancer of the liver and other internal organs, nor save patients with obstruction of the bowels, perforative peritonitis and other desperate conditions in cases delayed beyond those early stages when recovery is still possible.

In not one case seen during the time of collection of these statistics was operation denied the patient when there seemed any chance of saving life, although in several it was done only at the request of the patient or friends after our assurance that death seemed inevitable without operation, and almost certain with it. I count myself fortunate in being associated with a group of surgeons not one of whom has refused to operate at my request, no matter how desperate the chances seemed. Several patients have died upon the table, but many more have been snatched from the very gates of death by the courage, the operative skill, and the devotion to the saving of life rather than to the attainment of a fair operative record, of my colleagues.

In the remaining cases, including dilated stomach from scar of old ulcer, floating kidney, chronic appendicitis, cystic gall stones, chronic pelvic troubles, etc., although we may not claim that life was directly saved, the happy and useful years added to the sum total of life would doubtless be numbered by thousands.

In two cases correctly diagnosed nothing could be done for the patient, and so operation was a risk and a damage. They were:

Case 185, correctly diagnosed as uterine fibroid complicating pregnancy. She had nearly bled to death in a recent spontaneous miscarriage, and had been abed for weeks because of pain in the right side of the pelvis. Her condition was so serious that exploration was advised, but the surgeon found that he could not remove the fibroid without a complete hysterectomy, which he though inadvisable because of the pregnancy and the adhesions, and closed the wound. The patient passed through a normal labor six months later in spite of the fibroid. This operation proved useless, but did no especial harm.

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Case 284. Symptoms of chronic gastritis were so persistent that we feared beginning cancer, but found none. A direct application of silver nitrate solution to the mucous membrane resulted rather favorably. Still, in a similar case, the operation would be avoided could we be sure of the diagnosis.

Of the sixty-eight cases in which the diagnosis was technically incorrect, the error may be denominated as trivial in fifty-seven cases, since it was purely an academic error, so to speak, making not the slightest difference in the treatment, except in so far as it necessitated a different technique after the external incision was made, and, in a few cases, a different prognosis.

It makes no difference to the patient whether the tumor is ovarian or tubal, so long as it demands removal; nor whether it is duodenum or stomach, pus tube or appendix, which may have ruptured; whether the dilated stomach is due to scar of old ulcer or adhesions, nor whether, in addition to a pus tube we find an ovarian cyst or a fibroid. Such faulty diagnosis are included hereunder.

I shall first present the errors in the fifty-seven cases in groups, and give in the appendix a more detailed statement of the cases. Necessarily much duplication occurs in grouping them.

Erroneous diagnosis in cases where appendicitis was considered.

First class—Appendicitis diagnosed correctly, but accompanied by other diseases ..... 9 cases

Second class—Appendiceal diseases and its late results found but some other condition diagnosed.....11 cases

Duodenal ulcer was incorrectly diagnosed in two cases where the trouble was in adjacent organs.

Cancer of stomach was diagnosed in two cases in which the cancer affected an adjacent organ instead.

Dilated stomach was attributed to scar of old ulcer in three cases, but was actually due to other causes.

Intestinal obstruction was present, but exact cause not correctly diagnosed in seven cases.

Errors relating to presence of or the exact cause of gall bladder trouble were noted in eighteen cases, the stones being in the duct instead of the gall bladder, or the jaundice due to adhesions or cancer instead of gall stones, or gall stones being found when unexpected, etc.

Errors involving the liver (aside from the gall passages generally) were eight in number. A supposed abscess of the liver proved to be subphrenic abscess. Another was really cancer with a local abscess into which the needle had entered, and a needle inserted in a supposed case of empyema brought pus at the first trial but from the liver instead of the pleural cavity.

Cirrhosis of the liver was diagnosed in one case but proved to be cancer of the gall bladder, and local, nodular cancer of the liver was diagnosed as gall stones in another. In case 150, cirrhosis of the liver and gall stones was taken to be cancer. A supposed case of sarcoma of the kidney in an infant proved to be alcoholic cirrhosis, and a case diagnosed tuberculous peritonitis was really one of cirrhosis, in a total abstainer.

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Much confusion was caused by troubles originating in and near the Fallopian tubes. In four cases appendicitis and right salpingitis were confused.

In six cases the exact diagnosis was not reached between ruptured tubal pregnancy, ruptured pus tube, ovarian cyst, ovarian abscess and pregnancy in various combinations.

In uterine and ovarian cases there were eleven with incorrect diagnosis, there being confusion between pregnancy in one horn of a double uterus, fibroids, ovarian cysts and hydronephrosis in different combinations.

In seven cases some error was made as to exact diagnosis between tuberculosis of kidney, stone in the kidney, hydronephrosis, appendiceal abscess, perinephric abscess, sarcoma of kidney, etc. (Note that, because of considering these errors in diagnosis from both sides, thirty-one duplications are mentioned.)

There remain eleven cases where palpable error was noted, which demand more detailed consideration, for some of them would not have been operated could we have known certainly their exact condition, and the operation would have been modified in certain others.

Case 37. A girl of 19 had had typhoid with Widal reaction two years before. Her sister then had the disease. With every effort to exclude typhoid, we thought it to be an ordinary acute appendicitis. A long, acutely swollen kinked and clubbed appendix was removed, with a mesenteric gland one-half inch in diameter. The patient then passed through a mild typhoid uneventfully. If I could know all the facts before hand in a similar case, I should advise removal of so dangerous-looking an appendix in spite of the general rule to the contrary which is assumed to exist in typhoid fever, since I think operation less to be feared than perforation of such an organ, during the course of the fever.

In case 226, the right kidney had been dislocated from a fall in a gymnasium, in a girl 22 years of age. Operation was advised. Some time later this was done by a Chicago surgeon, and he found also the shrivelled appendix of chronic inflammation and two or three small gall-stones. There had been nothing to attract my attention to either of these conditions. A considerable extension of the original operation, therefore, became necessary. The patient is reported to have died of ether pneumonia the next day. The error in prognosis in this case could hardly have been forseen.

In case 242, a definite diagnosis of cancer of the liver was made in a man of 52 years. Since he had had some acute bowel trouble a few years before, possibly dysentery, I advised inserting a needle to make sure that abscess was not present, and was amazed to get a dram of pus. This contained many colon bacilli. Operation proved that the original diagnosis of cancer was correct, the abscess being of the size of an English walnut only, and due to the breaking down of a cancerous nodule. No noticeable harm came from the exploration.

In case 243, obscure signs led me to thing that an abscess existed about the left kidney. We found an infectious cholangitis. I con-

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fess that I could do no better in this case again, since I found only obscure signs of some purulent infection, with tenderness at lower edge of the liver and over the right kidney.

In case 244, a teetotaler of 36 years without specific history, had ascites, obscure liver symptoms, and enlarged glands in the groin, with one near the navel. I thought it to be either tuberculous peritonitis or cancer of the liver, but it proved to be well marked cirrhosis. The man died several weeks later, no apparent harm having come from the exploration, nor good from the Talma operation performed.

In case 245, which I felt fairly sure was sarcoma of the right kidney, we found an immense liver filling the abdomen. We later learned that the baby (two years old) had been fed on whisky from birth. The child was still living six or eight months after, no harm nor good being evident from the exploration.

In case 235, which I saw incidentally while waiting for the train in another city, much pus was being passed in the urine and an inflammatory mass existed in the region of the appendix. My conclusion that an appendiceal abscess had ruptured into the bladder was incorrect, for, after she came to a Denver hospital, no difficulty was found by her physician in locating the process in and below the right kidney, and it proved upon operation to be a tuberculous kidney with an abscess below. This was a bad error in a way, yet no one would have performed an operation without more investigation than I was able to give under the circumstances indicated. Even so the trouble would have been recognized upon exploration and the proper steps taken by any good surgeon. The error, as far as the patient was concerned, would therefore have been comparatively harmless so far as we can see.

In case 256, a diagnosis of pernicious vomiting, probably of pregnancy, with right salpinitis was made. The abdomen was opened with the idea of removing the tube, thinking that the vomiting might subside and allow the pregnancy to go on normally. We found the tubes healthy, but the uterus deformed by being sharply bent to the right, and undoubtedly pregnant. The wound was closed and the uterus evacuated. A large placenta without a fetus was found. Recovery uninterrupted. The abdominal wound was unnecessary except for the diagnosis, but did no perceptible harm.

Case 145. Male, 46 years old. Tuberculosis of lungs, but in fair condition. Did not do well, because of poor digestion. Complained of severe pain three or four hours after eating, with nausea and repeated bloody stools. Tenderness in epigastrium was marked. Neither Dr. Tennant nor I doubted the presence of duodenal ulcer. Only extensive miliary tuberculosis of the intestines was found. He died four weeks later. The harm from the operation could only have been in shortening life slightly, but it was absolutely useless, and could have been avoided by better diagnosis. I do not know how I could correct the error in another case, however.

We have disposed of nine of the eleven material errors in diagnosis, and would summarize them thus:

Case 37. Operation justified. Patient recovered.

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Case 226. More serious operation than I advised was needed, and patient died of ether pneumonia. I should certainly have advised the operation more than ever had I known the circumstances, and the death is to be regarded more as an accident than as a direct result of operation.

Case 235. Different operation necessary. Patient recovered.

Case 243. Different operation through the same incision.

Case 256. The abdominal section could have been avoided by better diagnosis. Patient recovered.

Case 244. Operation of very doubtful benefit, but did no noticeable harm.

Cases 145, 242, 245. Operation absolutely useless, and therefore harmful, though no direct injury noted in any way.

There remain two cases, in one of which useless operation contributed to the patient's death, and another in which lack of a necessary operation brought about the same end. So far as I know these are the only two errors which counted materially against the patient's welfare.

Case 78. A man of 42 years had had fibroid tuberculosis of the left lung for 22 years, but was still in fair shape. He had had repeated attacks of appendicitis, and when we saw him had a temperature of 103 degrees, severe cough from an acute bronchitis, and exquisite tenderness over the appendix. More from fear of the anesthetic than the operation we hesitated, but finally decided to open the abdomen at once believing that an acute appendicitis existed.

The appendix was shrunken and atrophic. The abdominal symptoms were doubtless to be explained by the increased cough of the acute bronchitis and the temperature in part by this trouble and in part by a developing carbuncle of the right shoulder, the latter accounting for the leucocytosis. The patient contracted pneumonia and died 17 days after the operation. It is possible that he might have lived for some years could we have avoided this operation, and the second one needed because of extensive sloughing around the carbuncle.

In case 180, I erred in believing jaundice to be of the catarrhal variety, while it proved to be due to gall stones and chronic pancreatitis. The error was not due to lack of reasonable care, since I had every opportunity to arrive at a correct diagnosis as far as a single examination went. The man was 38 years old and had felt poorly for nine weeks, with loss of fifteen pounds of flesh. There had been jaundice, which he stated was gradually lessening, and clayey stools, except for three weeks past, when the normal color was returning. There was absolutely no history of pain, although most carefully sought for. No enlargement of liver, no tenderness nor rigidity. I gave a good prognosis, in spite of the long continuance of the jaundice.

He was operated on sixteen days later, and chronic pancreatis found. He died of hemorrhage in a day or two. Although it does not excuse my error, I am comforted by the thought that probably an earlier operation would have been useless.

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I give in the appendix a resume of the cases not already described in which some error in diagnosis existed.

Errors made in which the appendix was really at fault or was wrongly suspected to be so.

Diagnosis made of appendicitis, but we found a tube or ovary chiefly involved in cases 3, 42, 72 and 133.

In 72 small fibroid also present and in 42 and 133 perforation diagnosed, but it was in the tube, not the appendix.

In 3, the appendix was acutely inflamed, but not the chief factor in the illness, while in 72 and 133, it was chronically inflamed.

In Case 137, diagnosis, chronic appendicitis and fibroid; it *was* chronic appendicitis and pregnancy in the right horn of double uterus.

In case 37 the diagnosis was acute appendicitis, which was correct, but it was of typhoid nature. (See above.)

Case 78. See above.

Case 111. Diagnosis, chronic appendicitis. A tuberculous ulcer was present in the appendix, but the cecum was also tuberculous.

Case 116. Diagnosis, acute pancreatitis. It proved to be intestinal paralysis from an acute exacerbation of a chronic appendicitis.

Case 101. Diagnosis, acute salpingitis. Appendix said to have been removed a year previous, but had not been. The salpingitis was present, but not important, the chief symptoms having come from an acute appendicitis and a small undetected hernia in the old scar.

Case 213. Diagnosis, cancer of colon. We found obstruction of descending colon from band from old inflammatory process about appendix. Patient was a physician, and denied appendicitis. After operation, recalled abdominal trouble 30 years previous. Complete recovery.

Diagnosis was made of the following conditions, but proved to be appendicitis or results of it in eleven cases:

Case 68. Suppurating tuberculous mesenteric glands, in patient sent west with diagnosis of tuberculosis of the lungs. We found a chronic appendiceal abscess behind the navel. The further course of the case proved that the alleged symptoms of tuberculosis of the right lung had been rather the sequelae of an empyema from an ascending suppurative process originating in the appendix.

Case 95. Tuberculosis of right tube, proved to be chronic appendicitis and a small fibroid at insertion of right tube.

Case 99. A man with well-marked pulmonary tuberculosis; diagnosis, tuberculosis of cecum; proved to be chronic appendicitis. Much benefited by operation.

In case 215, diagnosed intestinal obstruction from a band or loop: it proved to be intestinal paralysis from acute exacerbation of chronic appendicitis.

In 266, diagnosed floating right kidney; she had also gall stones and chronic appendicitis.

235. See above.

Case 281. Diagnosis, dilated stomach from scar of old ulcer; proved to be dilatation from adhesions about pylorus from scar of extensive wound for removal of appendix years before.

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123. Diagnosed intestinal obstruction; no cause determined; cause was band from old appendiceal inflammation.

129. Diagnosed, empyema from ascending inflammation from acute appendicitis. The pus was from this cause, but was below the diaphragm, in the liver. Found at first puncture and drained.

132. Diagnosed dilated stomach from a scar of old ulcer. Reported by Mayo to have been caused by spasm of pylorus from chronic cholecystitis and appendicitis.

Case 1. Diagnosis, abscess of liver of unknown origin. It proved to be a subphrenic abscess from suppurating appendicitis.

The diagnosis of active ulcer of pylorus or duodenum was considered in the following cases. (Note duplications under gall stones, etc.)

124, 144 and 308. Gall stones diagnosed, but ulcer of duodenum present.

143. Duodenal ulcer diagnosed. It was distinctly pyloric in character.

145. See above.

I am tempted to remark here that I consider the diagnosis of duodenal ulcer the most uncertain one in the abdomen, unless it be that of acute pancreatitis.

Cases in which diseases of the gall passages were present but not diagnosed, or diagnosed but not present, are as follows:

(Many duplications under other headings.)

Case 123. See above.

Cases 124, 144, 308. See above.

149, diagnosis, cystic gall stones. We found stricture of the cystic duct, presumably from old gall stone disease.

150. Diagnosis, cancer of liver. It proved to be cirrhosis of the liver, presumably closely associated as to causation with the seventy gall stones in gall bladder.

151. Diagnosis, cholecystitis. It proved to be a perigastric abscess probably from perforation of gastric ulcer.

152. Diagnosis, stone in common duct. It proved to be a twist of the duct, presumably from contraction of adhesions about an old gastric ulcer, since it was adherent to the stomach wall.

153. Cholecystitis. It proved to be a mild blocking of the common duct by adhesions, but without any especial indication of inflammation of the gall bladder.

155. Diagnosis, cancer of stomach; loss of 50 pounds in weight. No free HCl; no specific gall stone symptoms. Cystic gall stones found and thickened pylorus, apparently from spasm. Cure.

166. Diagnosis, stone in common duct; the duct was apparently kinked by dragging of a floating right kidney; no stones found; recovery.

169. Cystic stones. Proved to be, as reported by an Eastern surgeon, a small tuberculoma of edge of liver, almost touching gall bladder. Full recovery.

171. Cystic stones. Some present in common duct also.

80. See above.

266. Gall stones present when only floating right kidney diagnosed.

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236. Diagnosed cirrhosis of liver. It proved to be cancer of the gall bladder.

240. Nodular cancer of liver, diagnosed as gall stones. Operated on by Dr. Freeman, remaining well after three years.

242 and 245. See above.

244. Diagnosis, tubercular peritonitis; proved to be cirrhosis of liver in an abstainer.

In case 95 tuberculosis of right tube was diagnosed in a thin, poorly nourished girl. Considerable thickening could be felt to the right of the uterus, about the appendix and tube. It proved to be a small uterine fibroid about place of insertion of right tube, and chronic appendicitis.

In 101. See above.

Case 133. had had several attacks of appendicitis, but also signs of tubal trouble. We diagnosed acute appendicitis with chronic tubal disease. The tube was acutely inflamed, and had ruptured, while the appendix showed the thickening and distortion of former attacks only. Prompt recovery.

181. Diagnosis, rupture of extra uterine pregnancy with free blood in abdominal cavity. We found that a large pus tube had ruptured and two quarts of thin pus were present free in abdomen. Prompt recovery.

191. Diagnosis, rupture of right pus tube. It proved to be rupture of right tubal pregnancy. Dr. I. B. Perkins made the correct diagnosis. I had been told by the physician attending that five passages from the bowel contained pus, which he examined minutely. Dr. Perkins threw out this evidence entirely, relying wholly upon the otherwise clear history of tubal pregnancy. Obviously I was at fault here.

Case 192 gave a history of attacks of pain in left lower abdomen, with occasional discharge of watery fluid from the vagina in considerable amounts. I diagnosed a left hydrosalpinx. A small left purulent salpingitis was found and a large left ovarian cyst, and I am still in doubt as to the watery discharge. (Neither of us had actually seen this.) Recovery.

196. Diagnosis, right floating kidney and pus tube. We found the loose kidney and a small ovarian and five small parovarian cysts.

198. Diagnosis, left purulent salpingitis. It proved to be an ovarian abscess.

256. See above.

In the cases involving the womb and ovaries we find the following errors. (Some small cysts were noted in the appendiceal cases.)

In 137. Diagnosis, chronic appendicitis and uterine fibroid. In place of the latter, pregnancy in right horn of double uterus.

182. Subinvolution of uterus. We overlooked a right ovarian cyst as large as a small lemon, probably because of the rigidity of the abdominal walls. One of Denver's best gynecologists shared in the error, which gives me much comfort.

186. Diagnosis, large fibroid uterus. An ovarian cyst joined on to it so as to treble the size of the abdominal tumor, with no line of demarcation.

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192. See under tubal disease. Ovarian cyst also found.

196, 198, 256. See under tubal disease.

200. Diagnosis, enormous ascitis and general anasaroa, from unknown cause. It was a huge ovarian cyst. Prompt recovery. One of Denver's best surgeons relieved me of a portion of the responsibility.

204. Fibroid uterus. Left ovarian cyst also present.

232. Diagnosis. Left ovarian cyst. It was a hydronephrosis of the left kidney with small cysts of both ovaries.

252. Ascites of unknown origin with movable tumor, thought to be the right kidney. It was multilocular adeno-sarcoma of the left ovary, with bloody ascites.

Errors involving the kidney were as follows:

208. Diagnosis, stone in right kidney. It was a hydronephrosis, presumably resulting from a former stone.

217. Diagnosis, tuberculosis of kidney. Tubercle bacilli reported present, but were probably smegma bacilli; considerable pus in urine. Extensive hydronephrosis found. We later learned that she had passed large quantities of urine at intervals. Seen but once in another town before operation. Diagnosis of intermittent hydronephrosis could have been made if history had been more fully taken.

218. Diagnosis, stone in kidney. We found only dense adhesion from previous operation for floating kidney. Complete recovery followed the breaking up of the adhesions.

226. Gall stones and chronic appendicitis both carefully sought for, were present in addition to the floating kidney diagnosed.

235, 245. See above.

In the following cases intestinal obstruction was present. No satisfactory diagnosis as to the exact cause was made in case 138, extensive cancer of the mesentery was found, while in 140, cancer of the colon was present in a girl of 21 years. In case 209, diagnosed obstruction from old adhesions or band; Dr. Lyman found an almost infantile colon, kinked at each upper fleure by sagging of the transverse portion. The heavy omentum was entirely removed and the colon secured in more nearly normal position. Entire recovery and freedom from former terrible constipation. In 214, diagnosis was obstruction from adhesions from a former peritonitis. Cancer of the colon was present.

When there is sudden acute pain in the right abdomen accompanied by rigidity of the abdominal muscles and high fever, making a diagnosis of gall-bladder disease or appendicitis probable, a lesion of the kidney should not be excluded, especially if there is sharp pain on pressure in the right costo-vertebral angle.—American Journal of Surgery.

A perforated intestinal ulcer, especially if low down, may give all the signs and symptoms of acute appendicitis. A very high leucocyte count with a high percentage of polynuclears, and the presence of a large amount of fluid in the peritoneal cavity, accompanied by general rigidity, may suggest the diagnosis.—American Journal of Surgery.

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MOUNTAIN OR SPOTTED FEVER, AS SEEN IN IDAHO AND EASTERN OREGON

By WM. O. SPENCER, M. D.
Huntington, Ore.

Read before the Oregon State Medical Society, July 12, 1907

1. Occurrence of the disease limited to a certain section of the Rocky Mountain Country.
2. Salient features of the disease noted as regards,
   (a) Etiological factors,
   (b) Characteristic symptoms,
   (c) Morbid changes,
   (d) Clinical history,
3. Observations pertaining to
   (a) Diagnosis,
   (b) Prognosis,
   (c) Treatment.
4. Concluding remarks.

In certain parts of the Rocky Mountain region of the Northwest occurs a disease known as Rocky Mountain or Spotted Fever. The disease prevails only in certain localities within a circumscribed area of the United States, which area does not extend beyond the confines of longitudes 107 degrees and 120 degrees, and of latitudes 40 degrees and 47 degrees. There are six states within the boundaries of which spotted fever occurs, viz:

1. Oregon, in the extreme eastern part of the state, along the Snake River.
2. Idaho, in nearly all parts of the state drained by the Snake River and its tributaries.
3. Montana, in the valley of the Bitter Root River, near the western border of the state.
4. Wyoming, in the northwestern corner of the state.
5. Utah, in its northern extremity.
6. Nevada, in the valley of the Quinn River in the north.

Spotted fever has been known in Eastern Oregon, Idaho and Western Montana for over thirty years. The malady possesses certain characteristics, peculiar to itself, viz:

First—Its occurrence is limited to certain localities as mentioned above.

Second—The time when it prevails is limited to the spring and early summer months of each year. Most cases occur betwen the first of May and the middle of June. The earliest case on record is said to have begun March 17th, and the latest July 20th.

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Third—As a rule it is contracted only by people sojourning in the open, especially those whose occupations expose them to the bite of wood ticks, namely, ranchmen, sheep herders, prospectors, and men in railway and canal construction camps.

Fourth—A marked variation in the severity of the disease is observed in different localities where it prevails. In the Bitter Root Valley of Montana an alarming rate of mortality is recorded, while in Eastern Oregon and Southern Idaho, death from the disease is regarded as an exception.

ETIOLOGICAL FACTORS.

The factors that enter into the causation of a disease possessing such well defined and, oftentimes, grave clinical features, furnish problems of absorbing interest to the pathologist, the results of whose investigations are noted with deep interest by every practitioner who has come in contact with this disease. In 1902 Wilson and Chowning discovered in the blood of spotted fever patients parasites which are regarded as the probable cause of the disease. They described them as ovoid intracorpuscular bodies, showing amoeboid movements. Cultures made in various media failed to reproduce these organisms. As a result of their work, and that of Anderson, King, Ricketts and others during the past five years, it has been definitely determined that spotted fever has a special causal agent existing as an infection in the blood. From their observations and experiments these investigators have arrived at the conclusion that the usual manner by which patients become inoculated with the virus of the disease is through the bite of a wood tick known as the Dermacentor Occidentalis. In the spring of the year the young ticks cling to the sagebrush and other verdure, and quickly fasten themselves upon the body of any animal or person with whom they come into contact. As contributory evidence that these ticks act as carriers of the infection of spotted fever, it has been observed (1) that these ticks abound in the localities where this disease prevails; (2), that they make their appearance and remain active coincident with the appearance and prevalence of spotted fever, and (3), that in nearly every reported case of spotted fever, a history is given of one or more tick bites observed on the body of the patient.

CHARACTERISTIC SYMPTOMS.

The symptom that is most characteristic of this disease is a generalized macular eruption which, together with the accompanying fever, gives rise to the name "spotted fever." In a typical case, the eruption first makes its appearance on the wrists, ankles and forehead, then on the arms, legs, back, chest, and, lastly, on the abdomen. In the beginning, the spots are bright red in color and disappear on pressure, quickly reappearing. As the disease progresses, they gradually enlarge from the size of a pin head to that of a split pea, grow darker in color, and pressure does not cause them to disappear. Toward the latter part of the attack, they assume a purplish hue, and in very severe cases they tend to coalesce. As the fever subsides, the spots gradually fade, it usually taking the whole period of convalescence for them to disappear.

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At the outset of the disease the patient, though oftentimes a robust man of more than ordinary strength and endurance, presents a condition of weakness bordering on prostration. He complains of excruciating pain and soreness throughout the voluntary muscular system, especially in the calves of the legs, which in my experience may be considered as a marked characteristic of the disease.

MORBID CHANGES.

Six autopsies were made in 1902 by Dr. Wilson and Dr. Chowning, and seven in 1903 by Dr. John F. Anderson. Their findings may be summarized as follows:

Intense rigor mortis appeared early. Over the dependent portions of the body the skin had a marbled appearance. On the non-dependent parts was a petechial rash, the spots varying from bright red to dark purple in color and from one to three c. m. in diameter. Small wounds on the skin, considered to be due to tick bites, were present in all cases. There was hypostatic congestion of the lungs. Small petechial hemorrhages under the perecardium over the left ventrical were found. The heart muscle was softened. The spleeen was enlarged to three or four times its normal weight, with distention and thinning of the capsule. Its tissue was dark purple in color and very much softened. The kidneys were enlarged and congested, with small sub-capsular hemorrhages on the ventral surface. The capsule was readily stripped off. The intestines were practically normal in all cases, while the liver and pancreas were somewhat enlarged.

In the blood from the spleen, liver and kidney, Wilson and Chowning report finding numerous phagocytes, each containing from one to eight faintly outlined red blood corpuscles, in nearly every one of which was a parasite.

CLINICAL HISTORY.

On being summoned to a case of spotted fever, the physician usually finds his patient suffering from severe aching of the head and back, pain in the bones and joints and soreness of the muscles of the extremities, with a history of a recent severe chill, preceded by a short period of malaise. Inspection of the patient's person is very likely to result in the discovery of the evidence of one or more recent tick bites.

Fever quickly follows the initial chill, being from 102 to 103 degrees F. by the second day. The skin is dry and cyanotic, the conjunctivae injected and the tongue covered with a thick, white coat. Usually there is nausea, and vomiting may occur. The bowels are apt to be constipated. The urine is scanty and highly colored. In from two to five days after the chill, a bright red macular eruption makes appearance first on the wrists, ankles and forehead, and then over the entire body. Generally it takes about two days for the rash to become fully developed. After its appearance there is an amelioration of the bodily aches and pains. The fever gradually increases and reaches its maximum in the early part of the second week, which, in cases occurring in Southern Idaho and Eastern Oregon, is rarely over 104 degrees F. Reports of cases in the Bitter Root Valley give the maximum temperature to be from 105 degrees to 107 degrees F. During the course of the fever slight morning remissions

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and evening exacerbation are the rule. In the second week the fever begins to diminish, and in another week or ten days reaches normal by lysis, usually falling below 98 degrees and remaining subnormal for a few days or a week.

In the beginning of the attack, the pulse is generally full and strong, and remarkably slow in relation to the temperature. As the disease advances there is a marked increase in the pulse rate, with loss of fullness and strength until it is out of all proportion to the temperature on the other side of the equation. The respiration, while regular, is always increased and frequently shallow.

As the fever increases, the tongue becomes dry and fissured, and the coat on it turns to a brownish color. Sordes appear early and persist throughout the febrile stage.

The maculae forming the rash, which are at first small rose-colored spots, gradually enlarge and assume a darker hue, until the third week, when they are of a somewhat purplish color. In very severe cases, the spots may become confluent on some parts of the body, causing a mottled appearance. With convalescence, the spots gradually lose their color, but do not disappear for sometime after recovery, it being weeks and even months in some cases before they are entirely gone.

Desquamation over the entire body takes place during convalescence.

DIAGNOSIS.

In the localities where spotted fever is known to prevail, chill, severe headache and backache, soreness of muscles, pronounced weakness, and a macular eruption appearing on the third, fourth or fifth day of illness, with evidence of recent tick bites, render positive a diagnosis of spotted fever.

In many of its clinical aspects, typhoid fever is almost a prototype of spotted fever; but the papular eruption of the former appearing first, and, frequently, only on the abdomen, the Widal reaction, and the presence of typhoid bacilli in cultures from the blood of typhoid patients, clearly differentiate between the two diseases. The resemblance of spotted fever to typhus fever is very marked. In the latter, however, which is especially prevalent in the winter months, there is no history of tick bites, its period of incubation is longer, it has marked nervous symptoms, absent in spotted fever, and is extremely contagious, while the latter is non-contagious.

The prominent symptoms of cerebro-spinal meningitis are absent in spotted fever, the latter resembling the former far more in name than in character.

PROGNOSIS.

In Idaho and Eastern Oregon, unless conditions in a general way are unfavorable, recovery can be promised with reasonable certainty. Complications or grave sequelae are rare, but the patient is left in a low state of vitality and a protracted convalescence is to be expected.

Reports of cases in Montana record a high death rate, the mortality ranging from 60 per cent to 90 per cent. In fatal cases death occurs between the 6th and 12th day of the disease.

Most observers have noted a difference in the severity of the attacks in different years.

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TREATMENT.

Dr. John F. Anderson, of the U. S. Public Health and Marine Hospital Service, in his report of July, 1903, has the following to say in regard to the treatment of spotted fever:

"Until the past season the treatment of the disease has been purely symptomatic, but after the discovery of the parasite, Dr. Wilson and the writer suggested the use of quinine in large doses, preferably hypodermically. In five cases in which it was used systematically and in large doses, the results were most happy, all recovering. Five cases which did not have the treatment died. Of course ten cases are too small a number on which to base very positive conclusions, but I hope that the use of quinine will be followed in the future treatment of the disease."

In my own experience, prior to the reported use of quinine as a specific for spotted fever, in the treatment symptomatically of some two score of cases in Southern Idaho (where the disease assumes a milder course than in Montana), every case made a good recovery. In subsequent cases I have continued the same line of treatment with like results.

The drugs usually employed by me are (1) calomel and mag. sulph., exhibited rather liberally in the beginning and at intervals throughout the attack as occasion demands; (2) salol, phenacetin and quinine in moderate doses for the headache, bodily pains and fever; (3) bismuth subnitrate and lactated pepsin to allay the gastric symptoms; and (4) strychnia, especially during the latter part of the attack, and in combination with iron and quinine in tonic doses throughout the period of convalescence. To promote diuresis and diaphoresis, and to reduce the temperature during the febrile stage, I order the free use of water internally and externally. The diet I restrict to milk and broths, given at regular intervals—usually every four hours—until convalescence is established, when easily digested solid foods are added in gradually increasing quantities.

In conclusion, it seems to me fitting to call especial attention to the etiological significance of the wood tick relative to spotted fever, and to allude to one or two theories that appear to furnish the best clew to the discovery of the source of the infection.

By a series of experiments with guinea pigs, both Dr. King and Dr. Ricketts showed that the wood tick acted as a carrier of the infection.

In the spring of 1903, Drs. McCalla and Brereton, of Boise, Idaho, removed a tick from a man brought to the hospital in the beginning of an attack of spotted fever. This tick was placed on the body of another man, and after a couple of days was transferred to a woman, from whom it fell off dead, a day or two afterward. The original patient ran a typical course of spotted fever. The second man developed the disease in about a week, which was milder than in the first case. The woman had the disease in a very mild form.

As a result of experiments made this year, Dr. Ricketts announces that the tick in its role as a carrier of spotted fever, is itself the victim of an infection, and that the adult tick which infects man in the spring

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may have acquired its own infection by biting any one of several possible hosts during the autumn or winter when in the nymphal stage.

As such hosts, horses, cattle, gophers or ground squirrels and rabbits have been named. The most plausible theory to which my attention has been called is that of Dr. G. A. Pogue, of Ontario, Oregon, who regards the rabbit as the most likely host of the wood tick during the months of its apparent disappearance. In support of his theory he states that (1) he has repeatedly found rabbits infested with ticks; (2), rabbits are frequently afflicted with bodily sores and cyst-like tumors, and (3), in the years spotted fever has been most prevalent, rabbits were the most numerous. Though experiments have furnished conclusive evidence that the wood tick acts as a carrier of spotted fever, until infected ticks are found in nature, the chain of circumstantial evidence to prove the tick-transmission theeory still requires some links to make it complete.

Oil of Tansy Poisoning.

Oil of tansy has considerable reputation as an emmenagog among a certain class of race-suicide adherents, but the usual result of attempts to produce abortion with this agent is serious poisoning. The symptoms met with in one case coming under the writer's care were convulsive seizures with great rigidity of the muscles, rattling in the throat from great salivation and bronchial secretion, flushed face, dilated pupils, full pulse, rapid shallow respiration. The quantity swallowed was one-half ounce, the symptoms coming on rapidly, being fully developed in twenty minutes.

Immediately a hypodermic of apomorphine gr. 1-12 was administered, followed in ten minutes by a second. producing complete relaxation and copious emesis with pallor of face, deepening of respiration, a softened pulse. Patient able to answer questions. Normal saline solution was given in forced quantities, the emesis continuing until the oil seemed completely removed. Saline laxative was given in tablespoonful doses every three hours to move bowels freely. The stomach was irritable for three days, patient weak and prostrated, and unable to sleep. After eight hours of restless tossing, a hypodermic of the H-M-C anesthetic compound (A. A. Co.), half strength, was given with satisfactory results. The patient had no labor pains, the case going to full term with fully developed child.

The prompt removal of the tansy by apomorphine prevented, no doubt, any deleterious effect on kidneys or uterus. It is not certain that tansy is an efficient emmenagog, although it has that reputation among the laity, and does cause pelvic congestion in delayed menstruation from "cold."

Apomorphine was thoroughly indicated in this case, not only to cause vomiting, but to check convulsions by inducing complete relaxation. A few whiffs of chloroform were given to control convulsions while awaiting the action of the apomorphine. Patient had three convulsions.—R. J. Smith, M. D., Schenectady, N. Y.

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Medical Societies

Proceedings of the Fifteenth Annual Meeting of the Idaho State Medical Association, Held at Boise, Idaho, October 3rd and 4th, 1907.

The fifteenth annual meeting of the Idaho State Medical Association convened in the rooms of the Boise Commercial Club, and was called to order at 10:30 o'clock on the morning of the first day by the president, Dr. L. P. McCalla, of Boise. Those present at the meeting were: L. P. McCalla, President; Ed. E. Maxey, secretary; J. L. Stewart, J. M. Taylor, W. B. Lyman, F. H. Brandt, J. E. Froom, J. C. Davies, E. Van Note, Geo. P. Haley, John Boeck, L. Wardell Boeck, F. W. Compton, George Collister, R. L. Nourse, J. N. Kerr, A. Blitz, W. H. Tukey, L. C. Bowers. Mary A. Calloway, W. D. Springer, G. E. Shawhan, J. S. Springer, W. F. Smith, H. A. Brereton, of Boise; C N. Suttner, Walla Walla, Wash.; F. M. Pottenger, Monrovia, Cal.; J. H. Bean , Pocatello; James Monroe, Buhl; F. S. Hawley, Chicago; Jacob Prinzing, Ontario, Ore.; W. C. Hummell, St. Anthony; C. L. Dutton, Meridian; E. W. Croft, Montpelier, R. L. Glaze, Boise; F. W. Mitchell, Blackfoot; W. F. Howard, Pocatello; S. S. Fuller, Idaho Falls; B. B. Slick, Shoshone; E. B. McDaniel, Baker City, Ore.; E. A. Pierce, R. L. Gillespie, Portland, Ore.; H. A. Lindley, Atlanta; Ludvig Hektoen, Chicago; J. C. Bloodgood, Baltimore, Md.; R. J. Cluen, Parma; W. R. M. Kellogg, G. S. Peterkin, Seattle, Wash.; J. W. Gue, W. C. Maxey, J. B. Wright, S. J. Miller, Caldwell; J. R. Bean, Mullan; A. Kahala, St. Paul, Minn.; O. W. Hall, Star; G. O. A. Kellogg, Nampa; B. O. Clark, St. Joseph, Mo.; H. D. Niles, E. F. Root, Salt Lake City, Utah; G. E. Hyde, Rexburg; J. J. Hamilton, Caldwell; O. J. Allen, Bellevue, A. H. Allen, Sandpoint; T. D. Farrer, DeLamar; G. A. Pogue, Ontario, Ore.; J. J. Sarazin, Nyssa, Ore.; Frank Hinman, Spokane, Wash.; G. B. Allen, Parma, and J. M. Woodburn, Boise.

Dr. J. L. Stewart, Chairman Committee on Arrangements, called the attention of those present to the entertainments provided for the members and guests and their wives. A reception tendered to the visiting ladies by the wives of the Boise physicians in the parlors of the Commercial Club Thursday afternoon, and a plunge party at the Natatorium for the physicians and their ladies in the evening; and on Friday evening, after completing the work of the session, an entertainment and smoker for the members and guests will be given by the Commercial Club and local physicians. Attention was called to the fact that arrangements had been made which entitled every physician wearing the badge of this meeting to every courtesy and convenience of the Commercial Club rooms.

Hon. A. E. Carlson, President of the Boise Commercial Club, was then introduced and in the following words welcomed the visiting physicians to the city and to the use of the club rooms: "On behalf of the Boise Commercial Club, I take pleasure in welcoming you, as members of the Idaho State Medical Association, to our city and club.

"It certainly affords us great pleasure to have an opportunity to entertain so distinguished a body of men as we have with us here today, representing the medical profession not only from Idaho, but also points from the Atlantic to the Pacific.

"Your profession is one upon which

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the welfare of most people depends, consequently to be efficient in your calling it becomes necessary for you to meet and confer with each other on subjects which are of vital importance, and it is such meetings which bring out the ideas of men of intellect and experience, and thus gives each individual more knowledge and confidence in his ability to overcome dread diseases to which the human race is subject.

"In looking over your program I felt an interest in the subjects which would be discussed, and I naturally looked for measles, whooping cough, smallpox, and incidentally appendicitis; but of these I found no mention as far as I knew, but in place I found names which I could not determine whether they were medical terms or referred to the Hague peace conference. However, those terms are for you to discuss and we to derive the benefits of your discussion, but the main thing with us is to see that your visit to our city will be pleasant, and I trust while here you will avail yourselves of all the advantages our club can offer. I again bid you welcome."

On behalf of the Association, Dr. J. C. Davies briefly responded to this hearty welcome, and thanked the club for the hospitable reception tendered the visiting physiciaans.

Report of the Secretary-Treasurer for Year 1907.

Gentlemen: Outside of special committee work, the duties of the Secretary's office, for the past year, have been almost entirely routine. The greater part of my labors were as a member of the Committee on Legislation, and in another place this committee will make a somewhat detailed report of what they did and did not do.

Your officers feel that the Association is to be congratulated on having with us this year so many men of eminence, all specialists in their particular departments, and upon the scope and scientific interest of the program prepared for you. The present general interest in the new serum therapy, we believe, justifies the space given to the discussion of this subject, and, in view of the eminence and experience of those participating, the symposium on tuberculosis will prove to be exceptionally interesting and instructive.

There is a movement on foot to arrange for a joint meeting of the State Medical Societies of Washington, Oregon, and Idaho, at Seattle in 1909, during the Alaska-Yukon-Pacific Exhibition. We have an invitation to that effect from the President of the Exhibition, and I am very much interested in having this Association express at this meeting their position in regard to the matter and take the necessary preliminary steps toward such joint meeting.

I wish also to call your attention to the appended letter from the Secretary of the American Medical Association in regard to the formation of Branch Associations of the A. M. A., and suggest that this Association comply with the request contained therein by officially expressing its approval or disapproval.

At last year's meeting this Association adopted a revised Constitution and By-Laws, the revision amounting to changing the name to the "Idaho State Medical Association" and providing for the organization of as many county or district branch societies as existing conditions may make advisable. I have endeavored to mail a copy to each member. Any who may have failed to receive a copy will be supplied on request.

North Idaho District Medical Society.

I am unable to make any official report pertaining to the condition of

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this society. Through medical journal reports I learn they have held their regular meetings, but I have had no official report from them. Repeated requests have been made to the Secretary of this Society for reports, dues, information, etc., but I have received no reply. This action on the part of the Secretary compels me to place many of the names of their membership on the delinquent list, and, not being in good standing with the State Association, prevents their further membership in the A. M. A. I sincerely hope that some of the members from the North will be present at this meeting and assist in straightening out the affairs of this branch society.

At our annual meeting in Lewiston last year there was a preliminary movement started toward the organization of a second district society in the north end of the State, composed of the old counties of Kootenai and Shoshone, but this movement seems to have "died a borning," solely for lack of some competent man in the new district willing to devote the necessary time to the work of getting the members together. I am satisfied that this is the sole trouble, for when I visited the physicians of this district last year, practically every physician seen, and I saw nearly all of them, was heartily in favor of a local organization, and many who were not members of the State Association gave me their application for membership with the understanding that the new district society would be organized. It will probably take another trip or an organizer into this district to get the new society onto its feet. I would suggest the appointment of a committee to investigate and report suitable action for the Association to take in the matter of our branch societies.

East Idaho District Medical Society.

This district society, I am sorry to report, is not enjoying the best of health. The Secretary, Dr. Brundage, on account of ill-health, was compelled to give up his professional and society work some ten or twelve months ago, leaving the society without a Secretary, and there have been no meetings since the Secretary left. The books of the Society were left with Dr. Castle, but he was unable to get the members together.

That I might ascertain the feelings of the individual members, I addressed a letter some time ago to each member, requesting him to reply to the following queries:

1. What, in your opinion, is the cause of society interest dying in your district?

2. Are you in favor of continuing the organization of your district society, and

3. If so, will you do all you can in the future to keep the Society active?

This letter was sent to each of the 31 members. Eleven made reply. Of those replying, eight were in favor of continuing the organization and nine were willing, if the Society were reorganized, to do all they could to keep it active. The eleven answers to question one stated the cause of the Society interest dying as varying from "not enough members" and "lack of management" to "a superabundance of individual egotism with an entire desolation of fraternal spirit." I have no way of knowing what the twenty members who failed to make any reply think or desire in the matter. This Society had a very encouraging start, and it will be indeed unfortunate if it is allowed to die from mere lack of interest on the part of the members.

Ten members of this district have paid dues for 1907, and twenty owe dues for 1907. Nine of the latter owe

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also for 1906. All of the Society books and papers are now in my possession, and these books show that the Society has $140.07 on deposit in the bank at Shelley, Idaho.

South Idaho District Medical Society.

This offspring of our Association has passed the "teething age" and is thriving well. The Secretary reports a very fair attendance at the regular meetings held during the year, and that interesting programs were discussed at each meeting.

There are 45 active members in good standing, 28 members are still delinquent for 1907 dues. Five new members have been elected, also one non-resident member, and one member has joined by transferring his membership from the East district. Since making his former report, the Secretary has collected $255.00, but further than this the condition of the treasury is not reported.

At their April meeting, the Constitution and By-Laws was revised to conform to the revised Constitution and By-Laws of the State Association.

Condition of Funds of State Association.

To cash on hand, last year's report		$341 85
To cash received from S. I. D. M. S.		153 00
To cash received from N. I. D. M. S., 1906 dues		12 00
To 15 membership fees collected		75 00
To 14 annual dues as follows:		
Alex Hunter, for 1906	$ 5 00	
J. L. Conant, Jr., 1905-1906	10 00	
J. E. St. J. Serres, 1906.	5 00	
A. R. Cutler, 1906	5 00	
H. A. Castle, 1907	5 00	
M. M. Harshbarger, 1907	5 00	
O. C. Ormsby, 1907	5 00	
J. A. Aulguire, 1907	5 00	
D. C. Ray, 1907	5 00	
W. C. Whitwell, 1907	5 00	
B. A. Price, 1907	5 00	
F. W. Mitchell, 1907	5 00	
G. H. Coulthard, 1907	5 00	
A. R. Cutler, 1907	5 00	
Mary E. Johnston, M. F.	5 00	
Geo. E. Hyde, 1906-1907.	10 00	
O. W. Hall, 1906	5 00	95 00
Total cash received..		$676 85
Cash paid out—		
By expense 1906 meeting		$ 15 00
By N. I. D. M. S., 15 membership fees		75 00
By N. I. D. M. S., 4 annual dues		20 00
By stenographer's charges		35 80
By postage, express and telegram		24 64
By stationery and printing		96 90
By total expenditures		$267 34
By cash on hand Oct. 2, 1907		$409 51
		$676 85

Respectfully submitted,

ED. E. MAXEY, Secretary.

Dated at Boise, Idaho, October 3d, 1907.

At the conclusion of the reading of the Secretary-Treasurer's annual report, the President appointed Drs. Dean, Collister and Maxey as a committee to report on the advisability of this Association holding its 1909 meeting in Seattle, Wash., jointly with the State Associations of Washington, Oregon and British Columbia, during the Alaska-Yukon-Pacific Exhibition.

A committee consisting of Drs. Stewart, Bean and Howard, was also appointed to investigate and make recommendations to the Association for its action in reference to its District Societies.

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Applications for Membership.

The following applications for membership were read by the Secretary and referred to the officers of the South Idaho District Medical Society for investigation and recommendation:

Dr. H. A. Brereton, of Boise.

Dr. C. M. Cline, of Idaho Falls.

Dr. Mary Johnston, of Boise.

Dr. W. H. Tukey, of Boise.

Dr. R. J. Cluen, of Parma.

On the recommendation of Dr. J. M. Taylor, Secretary, S. I. D. M. S., the above named physicians were elected to active membership in the State Association.

On motion, it was shown to be the sense of this Association that it favors the organization of District Associations by the American Medical Association, as recently suggested at a meeting of the A. M. A.

Report of Committee on Legislation.

To the Idaho State Medical Association:

Your Committee on Legislation beg leave to report as follows:

Several matters of considerable importance to the medical profession were considered by this committee during the past year, which may be considered under the following heads:

1. Amendments and changes in the medical practice act.
2. The Osteopathic practice act.
3. The State Board of Health Act.
4. An Act to Regulate the Manufacture and Sale of "Patent" and "Proprietary" Medicines.

Amendments and Changes in the Medical Practice Act.—Your committee had contemplated asking the Legislature to amend our present medical practice act by changing and strengthening the definition of the practice of medicine, but before we were ready to have our amendment introduced, two other amendments were introduced by request of certain parties who desired to so weaken the requirements for the practice of medicine that they and others who had been refused a license might get in without effort on their part. Most of you, through correspondence from this committee, are familiar with the provisions of these proposed amendments, but as they are apt to come up again, we will briefly outline the purposes of each.

Senate Bill No. 95 provided: That whenever the Board shall refuse to grant a license on the ground that the applicant did not make correct answers to at least 75 per cent. of the questions propounded to him by the Board, the applicant may apply to the medical faculty of any State University having a medical college of good standing, for a review of the questions and answers, and if such medical faculty shall certify to the Board that they are of the opinion that more than 75 per cent of the questions have been correctly answered, it shall be the duty of the Board to grant a license to the applicant, if he possesses the other necessary qualifications.

The one redeeming feature of this bill was a provision that any person practicing medicine without first securing a license may be enjoined from practicing by the Board.

House Bill No. 138 provided: That the Board shall grant a license, without examination, to all applicants who shall present to the Board a genuine diploma or certificate of graduation issued by a reputable medical college, provided the said applicant can show that he has been engaged in the practice of medicine and surgery within the United States for a period of five years or more, or that he or she has been duly licensed to practice medicine and surgery in any state of the United States in which the standard of examinations are sub-

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stantially the same as within this State, etc.

With these proposed amendments pending, your committee thought it advisable to confine our efforts to the defeating of them, rather than try to make any change as we had at first proposed doing. The physicians of the state responded very promptly to our appeal for help with the individual legislators, and, as you know, both measures were defeated.

The Osteopathic Practice Act.—When this measure came up in the House we found an almost universal sentiment among the members in favor of its passage. We tried to secure an amendment providing for an osteopathic member of our present medical examining board, but through the opposition of the osteopaths and several members of the regular profession, this amendment failed to get enough support to even justify its formal introduction. We found that through their National and State organizations, the osteopaths had thoroughly entrenched themselves in the good graces of the members of the Legislature, and that any efforts on our part to defeat the measure were futile; besides, their argument that this law would raise the standard of osteopathy in the state and have a tendency to lessen the number coming into the state was not without its good points, and, realizing this, as well as not wishing to arouse their enmity to other measures in which we were more interested, we did not make a very pronounced fight against this measure.

The State Board of Health Measure.—Much time and work, and some expense, were devoted to securing the passage of this Act. As you know, similar bills were introduced in the Legislatures of 1903 and 1905, but owing to certain political opposition failed in each instance to pass. By persistent work and not a little political wire pulling, the Governor and Legislature were made to see the necessity of passing this measure. In fact, a member of the faction that in the past had so strongly opposed health legislation, introduced the bill this year which passed both houses and became a law. Through the efforts of this committee, a number of important amendments were added to the bill before it passed, among them one nearly doubling the appropriation carried by the Act. The present law is not ideal by any means, probably many defects will be found as the law is put into effect, and it is not beyond the reach of political influence, but we feel that an excellent beginning has been made and that necessary changes can be made at future sessions of the legislature.

Patent and Proprietary Medicines.—Early in the session a bill was introduced "To Regulate the Manufacture and Sale of Patent and Proprietary Medicines," and it passed the House without any particular opposition, but when it reached the Senate the opposition got in its work and defeat followed. This was the "Ladies' Home Journal" bill, and did not conform to the provisions of the National Pure Food and Drug Law, so no special or concerted effort was made by us to secure its passage. It was plain to see in the opposition, however, the work of the Proprietary Medicine Association.

The work of your committee demonstrates the benefits and needs of thorough organization. While we have a fair society organization, we lack the unity of purpose and the ability or disposition to stand together that other organizations seem to possess. Above all, if we expect to "do things" the medical profession must devote more time to the study and practice of politics. We should

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have more physicians in the Legislature, not inexperienced men, but physicians who have been active in the practice of their profession and who are recognized leaders. Until we realize the necessity of this, the medical profession are apt to go begging when they ask for laws at the hands of the average modern Legislature.

Respectfully submitted,
W. F. HOWARD,
W. C. WHITWELL,
ED. E. MAXEY.

Address of the President.

The President, Dr. L. P. McCalla, of Boise, after thanking the Association for the honor shown him in electing him to the important position he now held, and speaking of the excellent program prepared for this meeting and the men of national and international reputation who are here to address the society, took up the discussion of the education of the present-day physician, and his moral, scientific and commercial status. It is difficult to dwell at any length on this address without giving it in full. The points discussed were the preliminary education of physicians, the character of medical schools to attend, commercialism in medicine, advantages in membership in active medical societies, reasonableness of requirements of state examining boards, advisability of state societies naming eligible list of men from which governor may make appointments to membership board, lodge practice, life insurance examination fees, patent medicines and the work of Ladies' Home Journal and Collier's Weekly, prescribing patent and proprietary medicines, advertisements in lay and professional journals, need for the profession to take up the fight against patent medicines and quacks, the low moral standing of the public press, the standing given by the press to charlatans, quacks, impostors, isms, and the worship of false gods, the successful physician, and the unprofessional physician. As a remedy for many of the evils mentioned, he advised, first, that the profession stand by and support the medical laws and the examining board in every effort to raise the standard of medical education; and second, educate the public to an appreciation of the real condition. To accomplish the latter we must work with the public press and get their influence for the public good.

On motion of the Secretary, Drs. Nourse, Howard and Davies were made a committee to report on the recommendations contained in the President's address.

An adjournment was then taken to 1:30 P. M.

Afternoon Session.

The first paper read was one by Dr. George Collister, of Boise, on "Fourth of July Injuries and Their Treatment."

The author thought it had been quite definitely proven that the infection following these injuries was not due to any infecting material contained in the noise-making articles, but rather that it was due to the dirt and grime always found on the hands of "young America." The explosion being at short range, more or less wadding of the cap or other article is carried forcibly deep into the tissues, carrying with it the infecting material commonly found on the skin of the boy's hand. In the treatment he advocated free incision of the wound, thorough cleansing, and loose packing of the wound with gauze for drainage and to prevent rapid closure. He also advised administration of antitetanic serum at the earliest time possible, in all cases where tetanus may be feared.

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The discussion on this paper was opened by Dr. W. H. Tukey. He thought the reason why tetanus followed this class of injuries far oftener than bullet wounds received on the field of battle, was to be found in the fact that that not only was a better grade of powder used in the latter instance but the high velocity of a bullet from a modern gun and the distance traveled was thought to render the bullet aseptic. Then, too, the modern bullet usually makes a through and through wound, which is more easily drained.

Dr. E. F. Root said he approved of the surgical treatment outlined by the author, but he put the use of antitoxin first in the treatment of all these cases where there is the least suspicion of tetanic infection. Next to the serum in importance, he placed incision and perfect drainage.

Dr. F. H. Brandt emphasized the necessity of using the serum as early as possible, and that it was often necessary to inject the serum directly into the spinal canal, the dural cavity, and the large nerve trunks. He also mentioned the use of hydrogen peroxide in cleansing the wound.

Dr. W. R. M. Kellogg advocated, in the treatment of the wound, that all contused tissues be removed and the parts put up in a copious moist dressing, in addition to the use of serum.

Dr. Ludvig Hektoen said it must be remembered that the infection in these cases was purely local at first, consequently the use of opsonins will never play an important role in studying the tetanic subject. Antitoxin should be used early, and, in Chicago, it had been found very important to open the wound thoroughly. He called attention to the experimental work of Dr. Wells, of Rush Medical College, who had been unable to discover the tetanus bacillus in any of the materials used in the manufacture of Fourth of July explosives. The infection is thought to be contained in the dirt on the hands of those injured.

Dr. Collister, in closing, reaffirmed his belief that the dirt on victim's hands contained the infecting bacillus, and that the exploding cap or other substance carried the infection into the tissues.

Therapeutic Application of Bacterial Vaccines.

The author, Dr. W. R. M. Kellogg, Seattle, said that after an experience dating from December, 1905, he believed that the opsonic index as determined by Wright is of distinct value in the administration of bacterial vaccines, and repeated observations have been, in his experience, entirely consistent. Cases of glandular tuberculosis have entirely disappeared under this treatment, though glands which have persisted for some time are apt to be caseous and not affected by Tr. vaccinations. Six cases of tubercular peritonitis showed marked gain in weight and progressive improvement. Tuberculosis of bones and joints showed improvement, but less marked than in glands, serous membranes and subcutaneous tissues. In cases of mixed infection treatment with autogenous vaccines gave pronounced amelioration of symptoms. Autogenous vaccinations in two cases of endocarditis produced lowering of temperature and pulse, though both cases were fatal. A case of spinal meningitis recovered after three vaccinations with dip. intracellularis meningitidis prepared from germs isolated from patient's spinal canal. Opposed indiscriminate use of stock bacterial vaccines, and thought opsonic index a necessary guide to their use. In pulmonary tuberculosis he thought the opsonic index of little

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assistance, depending more on changes in patient's physical condition. He gave small doses, 1-1500 milligram, at intervals of ten to twenty days and has seen most striking improvement in early cases, in young persons, but, of course, hygienic treatment should be combined with the specific treatment.

Relation Between Diagnosis and Treatment of Abdominal Lesions.

This was the title of an address given by Dr. J. C. Bloodgood, Baltimore, Md. He said, in part, that there is always a time in the history of any disease when the proper treatment will cure. To treat a disease properly and intelligently, there must be a correct diagnosis. The treatment of any case should not be begun until this diagnosis is made, for treatment often so masks the disease that the diagnosis becomes obscure and important time is lost. In abdominal conditions, it is dangerous to the patient to relieve his pain with morphine or other drug before a positive diagnosis is made. Particularly is this true of acute abdominal lesions; in chronic abdominal disease there is not so much danger in masking the pain.

A correct diagnosis, therefore, is most essential and important, and this should be the physician's and surgeon's most thorough and conscientious training. The patient takes it for granted that his physician is competent and experienced in the diagnosis and treatment of disease. It is the physician's duty to make good and not abuse this confidence. And right here let me say that there are a number of things which are essential in the making of a good physician. Besides a thorough preliminary training, he must keep abreast of the times by frequent post-graduate study, and by continuous reading. As physicians and surgeons we should not only read the best journals published in English, but we should be able to read other languages, particularly the German, for we often cannot afford to wait for the translation or review of these foreign articles. Lack of time is no excuse for not reading. The man who does not find time to read will soon become a back number, and the public will soon find this out too. Physicians should also frequently attend medical societies and read good papers. Clinical societies give us very practical post-graduate study. Advance in medicine and surgical science must come through the rapid diffusion of knowledge, through society papers, monograms, medical journals, etc. To enable you to make complete and intelligent use of your experience in writing for publication, as well as to contribute to your own education, every physician and surgeon should keep a careful record of his cases. These, when properly prepared, filed and indexed, are a constant and increasing source of information and help. Neither should we ever miss an opportunity to see or hold an autopsy. Surgeons, especially, should visit the autopsy room in preference to a surgical clinic. We should try to educate the people and impress them with the importance of making these frequent post-mortem examinations, and the time will come when an autopsy will be required in every case. Operations and experiments on animals and the establishment of animal hospitals will give you practical experience and technical training which enables you to devise new methods or improve the old. Then, too, certain pathological conditions may be produced experimentally, and studied and relieved. No surgeon should be satisfied with what he has been taught or knows; he should constantly endeavor to improve and

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enlarge his ability. Don't let difficulties annoy and discourage you. You never know how good a man you are until you have met and overcome obstructing difficulties.

In studying your abdominal cases do not forget that quite a large per centage of these cases are neurotics. In regard to the treatment of these cases in general, surgery is finding its limitations, and we are learning that the knife has often been used unnecessarily. There is no doubt but that psychology should be an important feature in the treatment of these cases. Use suggestive treatment when it is required or indicated; there should be no objection to using these methods, if they are used legitimately and intelligently. The best diagnosticians sometimes fail to recognize the neurotic element, and when such a case comes to operation and nothing abnormal is found in the abdomen, the wound should be closed at once and the proper psychic treatment instituted.

In speaking of the attitude of the public toward operations, he said the profession as well as the public should be taught that an operation is not the horrible affair once pictured for it. We must have confidence in our own ability, and if, in talking to the patient, we can mention with assurance and confidence the need of an operation, we will have less wear and tear and worry on the part of both patient and operator.

In acute conditions of the abdomen, we should approach the diagnosis with great care. The patient should be in a comfortable position on the back, for some time before attempting to make an examination, to allow time for gaining patient's confidence and for relaxation of abdominal muscles. The character of the respiration and what you can feel with your hands on the abdomen are the most important sources of information in examining for acute abdominal disease. A rapid and restricted respiration is a most important symptom. In palpating the abdomen use extreme gentleness, that the patient may not become frightened and retract the abdominal muscles. Begin by gently palpating regions remote from affected area and gradually explore entire surface of the abdomen. In this way you will not find painful areas where they do not exist.

After completing your examination, the question will confront you, are the symptoms sufficient to require an operation? In deciding this it is well to remember that there are not many acute abdominal lesions requiring an immediate operation. Therefore, we must recognize the condition present and then decide on the method of procedure. In acute pancreatitis we now know that death is caused by absorption of the toxins of pancreatin, and if this can be removed by drainage, we will cure our patient. The importance of abdominal pain in the diagnosis of acute lesions has been dwelt upon, but it is also important in chronic conditions. He thought we had not been impressed sufficiently with the importance of pain in chronic lesions of the abdomen, and for years had been trying to ascertain the minimum amount of pain consistent with a serious lesion.

In lesions of the stomach our ideas were changing of late. A perforating ulcer of the stomach should be closed immediately by suture, but in the chronic lesions of the stomach gastroenterostomy should be reserved only for pyloric obstruction. The more familiar we become with the pathology of chronic gastric lesions, the less indication we see for gastroenterostomy, as it has been shown that more or less of the food continues to pass through the pylorus

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after such operation. The only indication for gastroectomy is cancer, and cholecystectomy should be done only in case of malignant disease of gall bladder. Never remove a stone from the common duct without determinating the patencey of the pancreatic duct and the condition of the pancreas.

Discussion.

Dr. H. D. Niles said he was most impressed by what was said concerning the education of physicians. There are three things which we can do in the way of post-graduate work which we should utilize to gain knowledge and experience: (1) membership in active medical societies; (2) keep in touch with one or more modern hospitals; and (3) animal work. We should also urge autopsies in every case possible, and we should try to secure laws that will favor vivisection and dissections.

Dr. C. N. Suttner said that words failed to express his appreciation of this address. It alone had given him sufficient inspiration to justify him in making the long journey to this meeting. He spoke at length of the difficulties of doing experimental work in the smaller towns, and recited some of his experiences along this line.

Dr. R. L. Gillespie said that as he was an alienist he was glad to hear Dr. Bloodgood speak of the type of abdominal pain due to neuroses, and thought physicians should give more special study to human nature and make freer use of suggestion in the treatment of their neurotic patients.

Dr. A. E. Pierce emphasized the importance of thorough examination of our patients. He said also that he had been using suggestion for some time and found it of material benefit even in cases where there was a definite lesion present, it encourages the patient. We must win the patient's confidence, then we can tell him what to do and insist on him doing it. In Portland they have a society or club limited to 12 members, all specialists, which meets regularly for study and mutual benefit, and if a member does not attend or fails to discuss the subject of the evening he is fined.

Dr. Hamilton said he had been highly entertained, instructed and enthused by the address of Dr. Bloodgood.

Dr. G. S. Peterkin assured the speaker that we of the West have the same difficulties to contend with that he speaks of, in the matter of doing autopsies and dissections. They had a Physicians' Club in Seattle, composed of a few men of diversified views and specialties. In holding an autopsy or studying any particular case or condition, each member discusses the subject from his own particular view-point, and they had found this to be a very effective method of study and a means of getting considerable relief from the obstructions thrown in the way of animal experiments and dissections.

Dr. Root said there should be no difference between the methods of the physician and surgeon when arriving at a diagnosis. Every means should be used to get at a correct diagnosis. This is the time for consultation and the utilization of all known methods of precision. We as physicians and surgeons are prone to try to do too much. It is better to treat fewer cases and do it well than a great number not so thoroughly. He emphasized importance of pain in diagnosis of acute abdominal lesions. There is a pain which comes from a neurosis, that may be just as acute and real as when an active inflammation exists. In such cases we must show our ability as diagnosticians, and be able to know and advise the proper treatment, for to operate in such cases would be a mistake.

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Dr. F. M. Pottenger thought the important points in this address were, first, a correct diagnosis, and, second, the institution of intelligent treatment. We do not examine our cases thoroughly enough. We should take ample time for each case and use the utmost care in history taking and studying the symptoms and laboratory findings. We should read more and see more of the work of others. There is no place in medicine for symptom treatment. Do nothing rather than give morphine. Study your patient, and if you cannot help him, don't do him any harm.

Dr. Bloodgood said, in closing the discussion, that he appreciated the compliment shown him by the liberal discussion of his address, and that he had derived no little benefit therefrom. He had always found it true that the person who prepared a paper derives more benefit from it than those who heard it read or read it later. Self-education is the point with which he desired to impress the society most. He thought it not at all impossible for any of those present to do animal work. In Baltimore they had a dog hospital, for the treatment of dogs and other domestic animals, and they found a position on the staff of this hospital to be of great help to them as surgeons and physicians. He thought it the duty of the medical profession to educate the public to the needs for autopsies. In making autopsies, we should do them carefully and slowly, and have several other physicians present.

Report of a Case Wherein Large Enteroliths Caused Obstruction of the Bowel.

Dr. John Boeck, of Boise, read this paper, in which he reported the above condition in a woman giving a history of abnormal cravings and considerable stomach and bowel disturbance and an irresistible desire, during two pregnancies, to eat clay. Obstruction of bowel occurred, and, on operation, two concretions 1¼ inches in diameter were found to be causing the obstruction. The patient made an uneventful recovery.

Discussion.

Dr. J. L. Stewart said he saw this case before and at the time of operation. There were no symptoms referable to the gall-bladder, and after finding the intestinal obstruction and removing it, no further search was made. The gall-bladder region was not explored.

Dr. L. Hektoen said he had had very little experience with such cases. Intestinal enteroliths were so very rare that without very careful examination as to the composition of these concretions, he would not like to call them true enteroliths.

Dr. Niles said the interest in this case centered on the origin of the stones. They are probably gall-stones. He had two similar concretions that he knew to be gall-stones, which he had taken from the intestinal canal. It was so unusual to find true enteroliths, and these specimens having the appearance of gall-stones, he thought there could be little doubt as to their nature.

Dr. Brandt mentioned a case seen by him in hospital, with obstruction of bowels by a stone larger than the ones shown here today.

Dr. C. N. Suttner cited a fatal case with perforation of gall-bladder and escape of three large stones into abdominal cavity.

Dr. O. W. Hall reported a case in his experience where a gall-stone four inches long and one inch in diameter had ulcerated through the abdominal wall.

Dr. C. L. Dutton had seen a case of obstruction of bowels which at autopsy showed a similar stone in the small intestine just below open-

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ing of the common duct.

Dr. E. B. McDaniel had seen a case in his practice where an anastomosis had formed between gall-bladder and intestine, with a large calculus just in the act of passing into the intestine.

Association adjourned to meet at 7:30 this evening.

Evening Session.

The Diagnostic Value of the Cystoscope.

This paper was read by Dr. G. Shearman Peterkin, of Seattle, who spoke of the intelligent use and application of the cystoscope in the diagnosis of disease of the urinary organs and prostate, and placed particular emphasis on the detailed information which could be obtained in no other manner. If used carefully, the cystoscope could do the patient no harm, and its use need not cause any particular pain.

The discussion on Dr. Peterkin's paper was opened by Dr. Jacob Prinzing. Said he could remember but three cases in his private practice where cystoscopy was, he thought, indicated. In his opinion, the general practitioner did not have the time nor the facilities and training to use this means of diagnosis, and thought no one but a specialist should attempt its use.

Dr. Suttner considered genito-urinary surgery to be one of the most important specialties, and thought the general practitioner had no business trying to use the cystoscope, though he realized its importance in the diagnosis of a number of conditions found in the urinary organs.

Dr. R. L. Gillespie had found the cystoscope to be of very great use in diagnosing certain conditions of the spinal cord.

Dr. Niles asked the author if tuberculosis of the bladder is found on cystoscopic examination, where and how would he locate the primary lesion.

Dr. Pottenger emphasized the importance of negative findings in tuberculosis of bladder or of kidney, especially in determining whether both kidneys are affected, and if only one, which one. Tuberculosis is prone to remain latent for a long time; the cystoscope may help us in locating it or discovering it.

Dr. McDaniel was very much interested in this subject, from a surgeon's standpoint, and spoke of its advantages and importance to the surgeon.

Dr. Root called attention to the fact that the cystoscope is not only a means of making diagnosis, but an instrument of precision, and in the hands of the right man, is also an efficient means of applying treatment. We should not forget, however, that there is danger in using it and that there are other methods of arriving at a diagnosis and treating lesions of the urinary organs.

Dr. McCalla called attention to the value of catherization of the ureters when operating upon a case of carcinoma of uterus.

Dr. Peterkin said the primary lesion, in tuberculosis of the urinary track, is usually found in one kidney, from which it extends downward to ureter and bladder. If the second kidney is involved, it is usually late, and from extension from the bladder. The cystoscope with catherization of the ureters is of inestimable value in determining which kidney is affected, and should always be used prior to the removal of a kidney for any cause, to guard against removing the only kidney the patient may have. In regard to the danger of using the cystoscope, he saw no harm in its use, if used carefully and intelligently. Neither should there be any

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harm in catherizing the ureters. A stone-searcher or sound is far more harmful. An anaesthetic is not necessary.

Address: Certain Phases of Immunity, and Special Vaccine Therapy.

Dr. Ludvig Hektoen, of Chicago, discussed the present state of our knowledge of various antibodies with special reference to the mechanism of phagocytosis and to the opsonins. It was emphasized that while the discovery of opsonins and the further demonstration that various bacteria-like streptococci, pneumococci, anthrax bacilli, etc., are destroyed in the test tube by leucocytes in the presence of opsonic serum undoubtedly throw much light on the mechanism of healing in many infections, yet there is still much that is obscure, particularly as regards the neutralization of the toxic substances produced by the bacteria in question and also as regards the resistance offered by virulent bacteria to phagocytosis. He referred, by way of illustration, to the fact that pneumococci freshly isolated from the blood in pneumonia have been found by Rosenow to be invariably virulent to rabbits and to resist opsonification and phagocytosis; consequently the manner of the destruction of pneumoccocci within the body still presents complex problems. Undoubtedly a step forward has been made by Rosenow's demonstration that virulent pneumococci resist phagocytosis by virtue of a substance—"virulin"—which can be extracted by means of salt solution and subjected to experimental study. As regards the value of the opsonic index in the treatment of infections by therapeutic inoculations of dead bacteria, he stated that the difficulties and the sources of error in the determination of the index seem to some to be so great that they questioned the reliability of the methods. However, the striking uniformity of the outstanding results obtained by different observers and the general harmony of these results with what one would expect on clinical and other grounds would seem to indicate that, in competent hands, the method is, after all, fairly trustworthy. On the other hand, it was emphasized that opsonins constitute only one of the bodies or groups of bodies produced in the reactions of immunity and that consequently it may be well to question whether they constitute a reliable criterion of the resistance offered under all circumstances. Turning to the consideration of the treatment of tuberculosis with tuberculins, it was pointed out that while Koch did not look upon his original tuberculin as an immunizing agent, the essential action of all tuberculins is now ascribed to the stimulation of the machinery of immunization and the protection of antibodies. At present there are two distinct methods of administering tuberculin, which Trudeau designates as the laboratory method and the clinical method. The laboratory method is based essentially on the opsonic index and in this case the dose of tuberculin remains minimal throughout. This method has met with the greatest apparent success in chronic local tuberculosis elsewhere than the lungs; its value in pulmonary tuberculosis is slight, if any. The clinical method, which has developed more gradually, during the past fifteen years or so and almost exclusively in connection with pulmonary tuberculosis, is controlled solely by the clinical course. The original belief that coarse reactions are necessary in tuberculin treatment has been abandoned and great care is now recommended not to give larger doses than the patient can tolerate without clinical reactions. The

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main difference between the two methods is that the laboratory or opsonic method takes no special count of the production of immunity to tuberculin, whereas the clinical method aids and tends to produce immunity to tuberculin. We know that animals can be immunized to tuberculin and that tuberculous patients may be made insusceptible to 10,000 times the amount of tuberculin that at first would cause clinical disturbances. The coincident general improvement recorded in many cases so treated shows that progressive increase in dose need not be harmful whatever the state of the tuberculo-opsonic index in the meantime may have been. Trudeau's figures showing the lesser mortality of patients with pulmonary tuberculosis treated with tuberculin than of those not treated were cited as evidence in favor of the value of the treatment. Emphasis was laid upon the necessity of weighing the results of inoculation treatment of infectious diseases with a keen appreciation of the obstacles in the way of final judgment. At present correct final estimation of the real value of therapeutic inoculation to bacteria is probably not possible, because as yet mostly isolated cases have been reported, often it is true of quite marvelous cures, but, as the diseases concerned are largely spontaneously curable, a large body of reliable statistics and much personal experience by critical and judicious observers must accumulate before final conclusions may be drawn. In the meantime the physician and surgeon should follow the developments in connection with bacterial inoculation, and the actual application of the treatment, especially perhaps in other diseases than tuberculosis, should be entrusted to those properly trained in the special laboratory methods.

Dr. Hektoen illustrated a portion of his address by lantern slides, showing phases of the opsonic theory and the effect of inoculations on various types of infectious disease.

Discussion on Papers of Drs. Kellogg and Hektoen.

Dr. Pottenger said he had been using tuberculin in the treatment of tuberculosis for 12 years, and naturally was very much interested in the opsonic theory. It is a very careful work and requires perfect technic. Fundamentally and theoretically the opsonic theory is correct, and thinks it will stand the test of time. Thought it would be of great help in treatment of tuberculosis and that it will render the prognosis no worse in laryngeal cases than where lungs only are involved. However, he has been using larger doses than recommended by Wright and Douglas. Had seen fistula and tubercular glands disappear under specific treatment. The treatment of tuberculosis is that of the individual; we cannot treat tuberculosis mechanically with tuberculin. When the kidney is tubercular, it is nearly always bovine in type, and it is well to remember that human vaccines seem to irritate the bovine type of disease, and the bovine vaccines will likewise irritate the human type of disease.

Dr. Pierce said that while he treated only pulmonary cases and had made little application of serum therapy, he was quite familiar with the work of Kellogg and others in glandular and bone cases. In his laryngeal cases he had seen marked results follow the discarding of all local measures except the hot saline gargle. He believed, however, there was a distinct field for vaccine therapy, and intended using it extensively in the future.

Dr. Brandt thought Ehrlich's side-chain theory had assisted Wright very much in evolving his recent op-

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sonic theories. He mentioned the practical use of the opsonic index and vaccines as valuable adjuncts to other methods of diagnosing genito-urinary lesions.

Dr. Niles said we should be impressed with importance of this subject when we consider the source from which it comes. He felt we had reached a point where we cannot reject this theory. The cause is worthy of our interest and study, and every physician should be in touch with a hospital equipped to carry out the work.

Dr. Bloodgood thought we ought to encourage men who are willing to confine themselves to this work, for serum therapy has reached a very important stage. There is a distinct application for vaccine therapy in surgery. A large amount of material has now accumulated in which cases supposed to be cured are coming back in five, ten, or fifteen years with return of tuberculosis in other locations. All tubercular cases operated on should receive tuberculin treatment to see if it will not prevent these returns. In other infections, surgery has reached its limit and we need some other means of treatment. Bier's treatment should be used more than it is, as he considered this a great addition to existing methods in treatment of acute and chronic infections.

Dr. Kellogg, in closing, said he had tried to make an every-day practice of this opsonic theory, and could recall a number of instances where he felt confident the treatment had been efficacious.

Dr. Hektoen said we should remember this theory is yet in a mere beginning stage, though the work of many enthusiastic workers show there must be something in the theory. But it will take time, many years perhaps, to perfect its technic and therapeutic application. As to the so-called negative phase, we know very little as yet concerning its importance or meaning.

The Association adjourned to meet at 10 o'clock Friday morning.

(Concluded in next issue.)

One should inquire carefully for the history of the application of carbolic acid to a wound, especially of the finger or toe, when a gangrene with a distinct line of demarkation has developed.—American Journal of Surgery.

If a patient presents himself with a painless cellulitis of the finger or hand, it is necessary to make a careful examination for the possible presence of syringomyelia.—American Journal of Surgery.

OBITUARY.

Dr. O. Y. Warren.

The death is aannounced of Dr. O. Y. Warren, of Butte, Mont., on the 19th ult. The Doctor was for ten years the superintendent of the state insane asylum at Warm Springs, Mont., and was twice elected a member of the House of Representatives. He recently moved to Butte, where he established himself in private practice. He was universally respected in Montana, and a large circle of friends and acquaintances regret his untimely death at the age of 47 years. He leaves a widow and three children.

John Edwin Goggins.

The death occurred on the 21st ult. at Concully, Wash., of Dr. John Edwin Goggins. Dr. Goggins was but 33 years of age, and his death was very sudden. The doctor was a graduate of the College of Physicians and Surgeans of Milwaukee, graduating in 1895. He leaves a widow and two children.

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Personal

Oregon.

Dr. E. O. Parker has removed from Pilot Rock to Salem.

Dr. W. L. Cameron, of Medford, has been seriously ill.

Dr. E. R. Todd, of Adams, was in Pendleton last month.

Dr. C. T. Bacon, of La Grande, went to Arlington last month.

Dr. John Griswold, of Helix, was a Pendleton visitor lately.

Dr. J. P. Myers, of Union, was a La Grande visitor last month.

Dr. E. B. Daniel, of Baker City, has just procured a new auto.

Dr. John A. Reuter, of The Dalles, was a recent visitor in Portland.

Dr. H. C. Schleef, of Cottage Grove, was a Eugene visitor last month.

Dr. J. L. Hill, of Albany, has been importing game birds from Mexico.

Dr. J. W. Harris, of Eugene, was a Cottage Grove visitor last month.

Dr. A. E. King, of Antelope, attended the county fair at The Dalles.

Dr. and Mrs. Calbreath, of Salem, were calling in Portland last month.

Dr. Jay Tuttle, of Astoria, made a business trip to Coos bay last month.

Dr. Geo. Wall, of Eugene, went to Anlauf last month on a professional call.

Dr. W. A. Cusick, of Salem, went to the bay last month on a fishing trip.

Dr. Frank Campbell, formerly of Central Point, has moved to Portland.

Dr. W. R. Laidlaw, late of Milwaukee, Wis., has located at Corvallis.

Dr. S. T. Songer, of Ashland, was a visitor last month to Klamath Falls.

Dr. Wm. H. Snook, of Madras, has moved with his family into a new home.

Dr. J. P. Myers, of Union, took a patient to the La Grande hospital last month.

Dr. R. J. Pilkington, of Astoria, was calling on his Portland friends last month.

Dr. and Mrs. J. W. Robinson, of Medford, will spend the winter in Portland.

Dr. J. P. Wallace, of Albany, was called to Lebanon to see a patient last month.

Dr. F. D. Stricker, of Grants Pass, was in Klamath Falls for a few days last month.

Dr. E. H. Smith, of Lakeview, was a visitor on business at Davis Creek last month.

Dr. E. B. Pickel, of Medford, has been renovating the interior of his residence.

Dr. O. D. Doane, of The Dalles, has returned from a pleasant trip to California.

Dr. O. M. Dodson, of Baker City, has been on a sight-seeing tour of the South.

Dr. F. M. White, of Klamath Falls, went to Bonanza last month on a business visit.

Dr. Roy McDaniels, of Baker City, was called to La Grande in consultation last month.

Dr. C. H. Francis, of Haines, Ore., was in Portland on professional business last month.

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Dr. J. W. Harris, of Eugene, was called last month to Junction on professional business.

Dr. R. S. D'Armond, of Medford, paid a professional visit to La Grande last month.

Dr. T. W. Harris, of Eugene, went last month to the Black Butte mines, to perform an operation.

Dr. J. W. Huff, of Baker City, has returned from his trip to Iowa, and his father returned with him.

Dr. E. R. Seely, of Medford, went last month to San Francisco with a patient to be operated upon.

Dr. D. G. Clark and wife, of Silverton, spent a week recently at their ranch in the Elk Horn country.

Dr. D. R. Hamilton has moved away from Vale, and Dr. H. T. Hoople has purchased his office fixtures.

Drs. Pogue and **Prinzing**, of Ontario, attended the meeting of the Idaho State Medical Association.

Dr. M. K. Hall, of La Grande, was given the prize in the automobile parade at La Grande last month.

Dr. and **Mrs. S. D. Taylor**, of Vale, attended the meeting of the Idaho State Medical Association at Boise.

Dr. W. W. Gieey, of Aurora, who has been on the sick list, has recovered and has resumed his practice.

Dr. Frank E. Selover, of Eugene, is mourning the loss of his father, who died last month in New York City.

Dr. W. A. Trimble, formerly of Albany, but now of Portland, was recently operated on for appendicitis.

Dr. R. C. Coffey, of Portland, has now secured full control of the North Pacific Sanatorium, of which he has been the chief stockholder for several years.

Drs. Hoover and **Houck** were rival candidates for mayor of Roseburg, with the result that Dr. Hoover was elected.

Dr. J. S. Giltner, of Portland, has some coal lands on Scappoose creek, which he is leasing to some practical coal operators.

Dr. Mary MacLachlan, of St. Johns, has returned from her recent trip to Europe, where she took a special course of study.

Dr. A. W. Kime, of Cottage Grove, spent a week's vacation among old acquaintances and relatives at Bandon last month.

Dr. J. L. Rawhouse, who recently moved to Medford, has changed his location to Central Point, where there was no physician.

Dr. J. G. M. Luttenberger, late of St. Louis, is a newcomer to Pendleton, where he has commenced the practice of medicine.

Dr. F. M. Day, of Eugene, in his fishing trip down the Siuslaw last month, caught a 21-pound salmon with an eight-ounce fly rod.

Dr. F. A. Lieuallen has charge of Dr. E. O. Parker's practice at Pilot Rock, while Dr. Parker is away on a six month's trip east.

Dr. O. B. Estes, of Astoria, was thrown from his buggy last month, and received injuries which fortunately were not serious.

Dr. A. E. Tamiesie, of Salem, was married on the 9th ult. to Miss Elaine A. Dilley. They took a tour in California as a honeymoon trip.

Dr. Wm. Huckin, of Wasco, has gone east for two months, to take a post-graduate course. Dr. C. D. Baker is looking after his practice in the meantime.

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Dr. Jay Tuttle, of Astoria, was recently calling on his old friends at Marshfield. The doctor was a deputy sheriff of Coos County in 1874.

Dr. E. A. Romig, of Newberg, spent some time hunting and fishing and looking after some business interests, last month, in Douglas County.

Dr. and Mrs. F. W. Prentice, of Eugene, had a most enjoyable trip to Europe, and the doctor thinks he would like to take the trip again.

Dr. C. E. Hill, of Portland, was recently presented by a handsome badge by members of the fire department, in recognition of services rendered.

Dr. Thos. Parker, of Klamath Falls, went on a bear hunt last month in the mountains, and bagged a silver tip bear weighing over 1000 pounds.

Dr. W. I. Cottel, of Portland, proposes to introduce into the Portland city council an ordinance that will forever effectually keep out quackery.

Dr. H. P. Hargrave, of Medford, as County Health Officer, has been calling the attention of the physicians to the need of reporting to him contagious diseases.

Dr. W. T. Rowley has located at Newberg, having until a recent date lived at Rupert, Idaho. The doctor is a graduate of the medical department at Ann Arbor.

Dr. R. Roy Hamilton, formerly of Vail, has settled in Medford, having bought out the practice of Dr. De Armand, of that place. Dr. De Armand has moved to Portland.

Dr. J. C. Booth and wife, of Lebanon, had a pleasant trip last month through British Columbia, after attending a trial in which they were interested at Bellingham.

Dr. Thomas Parker, of Klamath Falls, while riding on the stage last month between Pokegama and Keno, brought down a fine buck with his rifle. The Doctor is a good shot.

Dr. and Mrs. G. L. Biggers, of La Grande, have returned from their eastern trip. They took in the exposition at Jamestown, and the principal points of interest on the Atlantic coast.

Dr. Byron E. Miller, of Portland, is expected back in a few days, after his trip through the eastern states. His office has been in charge of Dr. Canfield, of New York, during his absence.

Dr. Virgil McCombs, who has been for six years as physician with Peterson & Erickson, in construction work for the O. R. & N., and is now on the Snake River and Elgin contract, was in Portland recently, calling on his friends.

Dr. Stanley Clements is a new physician at Freewater. He is a graduate of the medical department of the College of Medicine and Surgery, connected with the University of Minnesota, and has spent eighteen months in the Minneapolis general hospital.

Washington.

Dr. E. A. Sizer has removed from Puyallup to Aberdeen.

Dr. N. J. Redpath, of Olympia, was a recent Portland visitor.

Dr. F. L. Carr, of Hoquiam, was a visitor at Oakville last month.

Dr. H. H. Slater, of Deer Park, is building a new house for himself.

Dr. W. A. Cate, of Nelson, Neb., is talking of locating at Sunnyside.

Dr. Mary P. Johnson-Jordan has moved from Eltopia, Wash., to Hood River.

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Dr. G. M. Steele,. of Ellensburg, had a visit from his parents last month.

Dr. H. M. Greene, of La Crosse, was a visitor in Walla Walla last month.

Dr. H. W. Howard, of Prosser, was in Spokane last month, with his mother.

Dr. A. C. Crookall, of Seattle, was called in consultation to Prosser last month.

Dr. F. P. Witter, of Spokane, was called to Fairfield last month in consultation.

Dr. J. R. Harvey, of Sunnyside, left last month for a trip to Chicago and Indiana.

Dr. Wm. B. Wells, of Hoquiam, was a visitor for a week in Seattle last month.

Dr. and Mrs. Bell and daughter, of Kelso, were calling on their Portland friends lately.

Dr. H. M. French, of Prosser, was at Spokane last month on professional business.

Dr. N. G. Blalock, of Walla Walla, was visiting his brother at Arlington, Or., last month.

Dr. J. O. Van Winkle and daughter, of Oakville, have just returned from a trip to Alaska.

Drs. Black and **Cardwell,** of Pomeroy, went to Walla Walla last month by the auto route.

Dr. Royal A. Gove, of Tacoma, has returned, after an absence of three weeks in the East.

Dr. L. P. Murphy, late of Nebraska, has associated himself with Dr. D. A. Hewitt at Ritzville.

Dr. M. Jaynes, of Tenino, has taken the practice of Dr. Walston, of Montesano, who has retired from the profession.

Dr. and Mrs. D. E. McGillivray have returned from their three months' trip to Eastern states.

Dr. and Mrs. Arthur Burns, of Seattle, had a party to the Horse Show at Seattle last month.

Dr. J. Ballard, of Kelso, is erecting a substantial two-story brick building as an investment.

Dr. and Mrs. H. R. Wells, of North Yakima, have returned from an eastern visit of several weeks.

Dr. and Mrs. David Mitchell, of Olympia, have just given a party in honor of their son and his bride.

Dr. Charles R. Zener and **Dr. F. M. Denslow are figuring** on starting a hospital up the river from Woodland.

Dr. and Mrs. J. W. Sherfey, of Washtucna, have returned home after a visit of several weeks at Ritzville.

Dr. and Mrs. Wm. Beach, of Shelton, were recent visitors in Tacoma, where their daughter is attending college.

Dr. George J. Hill, of North Yakima, has resigned from his position as member of the state fair commission.

Dr. E. P. French and family, of Elma, have returned from their eastern trip, which they enjoyed very much.

Dr. and Mrs. E. S. Clark, of Sumas, gave an entertainment last month, for some friends who were visiting them.

Dr. H. H. Hartley and family, of Goldendale, went to the state fair at North Yakima last month, in their auto.

Dr. and Mrs. George M. Horton, of

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Seattle, were among those who entertained friends at the Horse Show last month.

Dr. M. A. Nelms, of Walla Walla, went to Spokane last month, and assisted in an operation at the Spokane hospital.

Dr. Alice M. Smith, of Tacoma, Wash., has been elected an honorary member of the Medical Woman's Club of Chicago, Ill.

Dr. E. C. Ruge, of Shelton, has recently returned from a three-months' trip in the East, where he took a post-graduate course.

Dr. and Mrs. J. R. Shuman, of Sunnyside, had a surprise party last month, the occasion being their fifth wedding anniversary.

Dr. S. C. Bridgham, of Walla Walla, was married on the 2nd ult., to Miss Maude Fix, also of Walla Walla. The honeymoon was spent on the Sound.

Dr. James F. Scott, of North Yakima, attended the Minnesota State Fair and found the Yakima fruit exhibit attracting a large amount of attention.

Dr. W. B. Wells, of Hoquiam, left suddenly last month in response to a telegram from his wife in Milton, Wis., that their daughter was ill there wth scarlet fever.

Dr. and Mrs. J. H. Corliss, of Sumner, have just given a venison dinner to some of their friends, the Doctor having recently returned from a hunting expedition.

Idaho.

Dr. C. L. Craik, of Coeur d'Alene, was a Spokane visitor last month.

Dr. and Mrs. J. C. Woodward, of Payette, have just moved into a new residence.

Drs. Gue and Waldrop, of Caldwell, have moved into an elegant new suite of offices.

Dr. B. W. Mather, of Mountain Home, was called to Bruneau on business last month.

Dr. B. F. Miller, of Nampa, was in the hospital two weeks last month with stomach trouble.

Dr. F. W. Mitchell, of Blackfoot, was a visitor in Weiser last month, where his parents reside.

Drs. Gue and Waldrop, of Caldwell, have just provided themselves with hospital accommodations, in which to care for their patients.

Dr. M. McKinnon, of Sand Point, has been on the sick list, and Dr. Bankherd of Spokane, has been looking after his practice.

Dr. M. Brundage, a well known physician of Shelley, passed away September 4th, after a year's illness. The Doctor was afflicted with valvular heart trouble. The Doctor was 35 years old.

Montana.

Dr. B. Campeau, formerly of Fairview, has moved to St. John, N. D.

British Columbia.

Dr. S. K. Harvey, of Moyie, was a visitor in Cranbrook last month.

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MEDICAL SENTINEL

DECEMBER
1907

Volume XV **Number 12**

Notes

Dr. Semple, of the Eastern Washington Hospital for the Insane, has introduced a number of changes in the management of his institution, the result of his former experience.

The new hospital being erected in Spokane will cost $400,000 or more. It will have a frontage of 330 feet and a depth of 58 feet. In will be six stories in height. It will be run under Roman Catholic auspices.

The Provincial Home for Tuberculosis Patients at Tranquille, B. C., has just been opened for patients. The profession has done an excellent work in getting interest awakened in this institution, and it promises to do much good.

There has been organized in Lewis county, Washington, a hygienic association, composed of medical men and lay members, for the purpose of preaching the desirability of the prevention of disease, with especial reference to tuberculosis.

The bubonic plague has been exercising the minds of medical men in the Pacific coast states during the past month or two, and whatever there may be differences of opinion upon, there is no difference as to the desirability of killing off all the rats that are running at large.

The Snohomish County Medical Association had an interesting meeting on the 5th ult. at Everett. A microscopic slide in color was shown of the bubonic plague germ from a Seattle victim. Papers were read by Dr. Park Willis, of Seattle, and Dr. Chas. M. Buchanan, of Tulalip.

From newspaper reports we gather that in some localities certain secret societies in the Pacific Northwest are finding difficulty in procuring for

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little or nothing the services of physicians to care for their members. Some societies offer as their chief inducement cheap medical services. They are finding it harder and harder to deliver the goods.

The way of the quack lecturer in Idaho is hard. The medical profession is on the alert, and making his course far from pleasant. Some day we hope that the courts of our sister state will be sufficiently purged of their poor material, so that there will be even less trouble in the enforcement of salutary laws that are enacted by the legislature.

The Lewis County (Wash.) Medical Association met on the 20th ult. at Centralia, and Dr. Coleman, of Chehalis, read a paper on Tuberculosis. The Doctor explained the modern method of treating the disease, and visited well deserved obloquy on the old plan of dosing the patient with drugs, without regard to the freshness of the air he breathes. The meeting was open to the public, and was primarily for the purpose of giving the public much needed education on the prevention and treatment of the White Plague. The attendance of the public was not as large as it should have been.

In Colorado the State Medical Society has been in the habit of publishing in book form the proceedings of the society, including the papers read, but hereafter this will not be done. It has unanimously decided that as the proceedings and papers are published in the state magazine, it is a waste of $400 a year to publish them in book form. Hereafter they will expend this money in a legitimate way in endeavoring to secure needed legislation, and in other directions where some good can be done. Some other states that have adopted the method formerly in use in Colorado might save their money with advantage to the contributors to their funds. The method of publishing the proceedings in book form was tried in this state some years ago, and abandoned, as being too costly, especially in view of the papers being published in the Medical Sentinel.

The King County Medical Society of Washington is seeking to so amend the city charter of Seattle, that there will be one well paid commissioner of public health, with salary enough to enable a good man to devote all his time to the work, and not be compelled to depend on his private practice. The chairman of the health and sanitation committees advances the rather novel proposition that if the office is made elective, rather than appointive, the position will thus be taken out of politics, and the city would be more likely to get a competent officer. Most people would argue that if the appointment is left to the mayor, or some other responsible official or board, competency would be more likely to be secured than if it be thrown into the maelstrom of politics, where a "good fellow" will be likely to secure more votes than a man who would be pre-eminently efficient.

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Editorial Notes

Euthanasia in a Novel.—The advocates of euthanasia will pluck up fresh courage from the publication of Mrs. Edith Wharton's latest novel, "The Fruit of the Tree." The plot turns on the suggestion that a nurse or physician may be justified in morals in administering a lethal dose of poison to shorten the agonies of death, where the case of the patient is hopeless. The advocates of this method of shuffling off the mortal coil state that if the patient is surely going to die of the malady from which he is suffering, it is perfectly right for the doctor to put him out of misery sooner than Nature would end his pain if unassisted. Perhaps some of the advocates of this system have not considered that the cold-blooded murderer, when he lies in wait for his victim, only shortens his life—perhaps a few weeks, or months or years. The victim is bound to die some time; this is but a vale of tears anyhow, and for a large number of people is not worth the living. The uncertainties of life are too great, at present, for the public to be willing to place in the hands of any physician the final decision as to whether the individual shall be robbed of the spark of life that remains, or be allowed to live as long as Nature will permit.

Examining Fees.—The determination of the big life insurance companies to cut down the fees allowed doctors for examining applicants for insurance was so unfair and unbusiness-like that it failed. The medical journals did their share to arouse public opposition to the measure, and a good many of the companies have receded from their position of false economy, and have recognized the fact that they started in to economize in the wrong direction. The Penn Mutual has just issued a circular stating that they will pay $5 for each complete examination, an analysis of the urine being required in each case. Their former rate was $3 without examination of urine, and $5 with such an examination.

The Drift in Medical Politics.—The doughty editor of the Texas Medical Journal continues to wage a war for what he believes to be right in medical politics, and shows to what a sad condition affairs are now drifting in the Lone Star State. The medical board of Texas now consists of five members of the State Medical Association, two Homeopaths, two Eclectics, one Physio-Medico, and one Osteopath. The Osteopath is disgracing the board, and bringing it into public ridicule by advertising in the newspapers, and advancing some of the craziest notions extant regarding the cause and cure of diseases in general. The editor ascribes the present unhappy condition of things to the trend of events in medical circles consequent upon the particular kind of organization urged and promoted under the auspices of the A. M. A. And in the course of an article alive with holy rage, and rampant with general denunciation, Editor Daniel (come to judgment) speaks of the editor of the Medical Sentinel as "recalcitrant but now recidivous," "who was looked to to lead a revolt of the medical editors," but who has "joined in the unanimous approval of the octopus management." The Sentinel would very much like to learn in what moment it was caught napping to this extent! Where, and in what issue has it or its edittor joined with "unanimous approval" of the octopus management?

The Medical Sentinel is trying,

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month by month, to fulfill its mission as it sees it. It seeks to present to the physicians of its region such reading matter as will most instruct and interest them. Incidentally, in season, it has not hesitated for a moment in presenting its disapproval of much that has been done by the close corporation that is running the affairs of the A. M. A. at Chicago. It has done this while still retaining personal respect for many of the men who are responsible for the present state of things. Presumably they believe they are working in the interest of the entire profession—at least, we are willing to give them credit for this. But in this free and enlightened age, individual members of the Association, whether they be editors or not, are found who express themselves as differing in judgment with the management at Dearborn avenue. We applaud Dr. Daniel for his efforts; we wish sincerely that there were more among the independent medical editors who were as outspoken. The Medical Sentinel will not be found behind in the contest; in fact, it believes it has been outspoken, and nothing has happened to make it change its views, so freely expressed last summer.

A Dishonest Dodge.—Medical men are frequently subject to annoyances and pin-pricks from publishers of medical books, which should be avoided. A subscriber living in this state writes a serious arraignment of one of the leading medical book houses, in New York, which shows how, after the money is collected, there is a tendency to care little for any annoyances that may follow to the doctor. This correspondent purchased a set of books for $57.50, which were to be delivered expressage prepaid. The books came, and were paid for on delivery. A day or two after, the local express agent presented a bill for $2.45 for expressage. The physician told him that the expressage was to be prepaid, and showed his contract with the publishers. The agent said that if the doctor did not pay it he would have to. The expressage was paid, a receipt taken, and the doctor imagined that he would be able to get a refund from New York. He tried it. After some little delay, the publishers put up the stale excuse that they had 40,000 accounts and could do nothing in the matter, and referred them to the express company. No private individual ever got a refund from an express company. The physician, in writing to the Sentinel, says that the $2.45 is not much, but he objects to the principle of the thing, and we don't believe from the tone of his letter that he will ever do any more business with that particular publishing house. The local express agent erred, of course, in not demanding the express money at the time of delivery of the books. Had he not been a friend of the doctor, he could not have collected the money of him several days after. But the publishing house should run the matter down, and demand to know why the express company had collected twice for the one service. They would have a leverage over the express company, to compel them to do the right thing, that a private individual would not. We call attention to this case as a warning to other physicians. Do not destroy your prepaid marks on packages of books until you are satisfied that there are no charges against you. There is no more common dodge than that of the express companies to collect twice for the one service.

Gold Cure Remedies.—A most interesting decision has been recently rendered by the United States Circuit Court of Appeals, sixth circuit, in

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which the Keeley Company, of Dwight, Ill., sought to prevent the Memphis Keeley Institute from using the word "Keeley." The Dwight company failed in its action, and the interesting point in the case is the decision of the court, from the testimony submitted, that the Dwight institution is fraudulent in that it advertises a Chloride of Gold remedy, when there is absolutely no chloride of gold in the medicines they give. The president of the Dwight company, one Oughton, when asked on the witness stand if there was any gold in the treatment, as advertised, refused to answer. The same question was put to him several times, but he continued to refuse. The court said, referring to this: "It is hard to account for this refusal upon any other basis than that the remedies do not contain gold."

The case is an interesting one in every part of the country where Keeley institutes are offering their services for cure of the drink habit. The rule that a plaintiff going into a court of equity and there asking for relief, must come in with clean hands, was raised in this case. On this, the court decided. The court simply ruled that Keeley institutes, connected with the parent institution, and advertising a gold cure, are fraudulent to that extent—they are deceiving the public as to the remedies they are giving.

Physicians' Fees.—The lawyer does not charge a fixed sum for a visit. He charges for the case what he thinks it is worth, and the bill is generally paid without murmur. We have all seen copies, published as curiosities, of bills rendered by English lawyers, specifying each item. So much for conversation; six shillings and eight pence for writing a letter; a guinea for consultation; but that is not the fashion in these days in the United States, whatever it may be with our cousins across the Atlantic. The lawyer charges a lump sum for the case. The physician is hampered by a fee bill. His services, by reason of his experience and demand upon his time, may be worth more than the amount set forth on the fee bill, and nine times out of ten if he charges what he should get the patient is dissatisfied. It is an undoubted fact that many a man will pay with much more satisfaction a lawyer's bill, whether he may have won the case or lost it, than he will for the physician who may have had a matter of life or death on his hands. Perhaps there is some way to remedy the evil, and to get the physician's payment more on the basis of that of the lawyer. So far, however, we have seen no good suggestion on the subject.

Doctors and Lawyers.—A lay contemporary published east of us, takes the Medical Sentinel to task for what it said last month on the above subject. It stands up for the lawyers, and makes comparisons. We still believe that there are a greater proportion of lawyers in the country who do not seek the best for their clients than there are doctors who do not seek for the best of their patients. The public can stand it that it should be so. Better to be injured in one's pocket than in one's health. We expect to see in some lawyers' journal statements to the effect that the lawyers are more learned, better equipped to serve mankind, more honest, lest grasping of the dollars, than the physicians. But we don't believe it. We believe just the contrary; and at the same time we know there are some doctors who are cheap, worthless individuals, and some lawyers who are the very salt of the earth.

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THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

THE MEDICAL NOMAD

The medical nomad will not be discouraged in the carrying out of his nomadic instincts by anything that the newspapers or medical journals may say. The Wanderlust is born in one. The native Americans have come honestly by it. They are descended very recently from men and women who themselves crossed a trackless sea for pastures new. The Europeans who decided to cross the Atlantic for the green fields of the western hemisphere were very much unlike the common run of mortals by whom they were surrounded. Most people for many centuries in Holland, Germany, England, France have had the habit of staying very close to the spot where they were born, and working out their destinies within a very narrow field. Occasionally an odd member of a family has taken to traveling; a small bunch of them came to the land of promise on this side the water. It is not at all strange that the descendants of these immigrants are disposed themselves to travel, provided they do not find things exactly to their liking where they were born. As a result, in American communities west of the Mississippi valley especially it is not an easy thing to find people who have not moved, since they reached mature years, to some different field from that in which they started.

Why should not the doctors do the same thing? They are restricted to a certain extent by laws of the various states, governing the practice of medicine. A license to practice in one state may not be worth the paper it is written on in another. This office is in receipt, every day, of letters from eastern physicians who are desirous of coming west, but many of them have not kept up their book studies with sufficient persistence to insure their ability to pass with ease an examination in a new western state. Were it not for this restriction, there would be a much greater hegira from the east to the west, than we now see.

There is, perhaps, too much moving around done by members of the profession. To have built up an acquaintance in a community is worth a great deal in dollars and cents, provided the physician has

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not made mistakes that he might profit by, and avoid in a new location. To some people new fields are always greener than the old; changes are always good and desired. On the other hand, sometimes climatic reasons present themselves that demand a change of location. Fields may be disappointing; communities may not progress in population as rapidly as was expected; a thousand and one reasons may arise which may justify a change. But change for the sake of a change, with no good basis except that desire to wander which occasionally comes on one, inherited from an ancestor who himself hated to remain long in a place—is liable to be a mistake.

ARE YOU A BANK DIRECTOR, DOCTOR?

In looking over a list of banks in the country which have closed their doors during the "late unpleasantness," we fail to find a single bank which has closed its doors which has a medical man upon its Board of Directors. Banks all over the country have upon their directory members of the medical profession. In fact, it has been surprising to us to find so many men possessing a medical education who have accepted position upon the directorate of banks. It is not altogether coincidence, either, that all banks having medical men upon their directories have passed through the recent flurry and have come up smiling after the storm.

The recent trouble was not based upon ordinary financial disturbances,—bad crops, over-production in the factory or mill, and low prices,—but was purely a lack of confidence. A psychological phenomenon. The usual conclusion of the staid, conservative banker, based upon business affairs and conditions, came only partially into the case. What was needed in treatment as well as diagnosis was an alienist and psychologist. And by these terms is meant either a specialist in the line, or a good all-round doctor, of large experience, quick perception and accustomed to doing things promptly, as most doctors are.

You will, therefore, be doing your community a good service, Doctor, if you will accept a position upon one of your own local banks, whether you live in the country or in the city. Your bank can well afford to buy and give you a block of stock to secure your co-operation and to induce you to take a place on the Board of Directors, if you don't feel like otherwise joining in this work. It is one of duty to your community. Some of the greatest bankers of the country were the most frightened, having no psychological insight into the situation, because lacking the advice of a cool-headed medical man. If not there already, Doctor, join the banking directory.

There are two things which an expert on insanity does not do in dealing with the delusions of his insane patient, especially if they represent a violently acute and probably transient condition of mind.

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First, the expert does not agree with the delusions. Second, the expert does not violently oppose the delusions. One method would be almost as bad as the other to intensify and fix the delusion. It is difficult, in fact, to tell which would be the worse in the management of most cases.

If the New York bankers had called in Dr. Britton D. Evans, the brain expert, in the Thaw case, or Dr. Carlos MacDonald, who led the opposing array of alienists in that case, or any others whom we might name, and secured the advice of these experts of psychological phenomena, as to the actual condition existing, and asked them for a partial remedy for the financial insanity which was first abroad in New York, and extending thence over the whole country, a better method of treatment of the purely nervous phase of the attack would have been devised that would have saved the country a vast amount of trouble in the late panic.

The newspapers were ready to take suggestions. They did take suggestions. The advice, however, was wrong. The populace was fanning the delusion by agreeing as to its seriousness. The newspapers, not being led by alienists, increased suspicion by declaring that all was well. If the bankers had possessed a board of alienists as an advisory committee to plan out the way to quiet down the delusion, it is doubtful if the trouble would have gone beyond the closing out in New York of a few wild-cat mining, industrial, and stock-broking financial institutions. The pure insanity of the situation was manifested by the run for two weeks upon the Merchants National Bank of Portland, a bank which in a few weeks paid out the enormous sum of $2,300,000 in gold out of deposits of $5,500,000, and which finally closed its doors, although we trust it is but temporarily. If the medical man upon the banking directory should be of no service at any other time, he is worth his weight in gold when such a national delusion attacks our people as crossed from the Atlantic to Pacific during the past few weeks.

Oregon, Washington and Idaho banks have been fortunate in securing about fifty medical men upon various boards of directors, and the influence of these has doubtless been of the greatest value to the entire banking fraternity of the Northwest, where stress has tried out the banks and demonstrated their very great strength. Now that the patient is convalescent we can cautiously discuss his delusion and plan to avoid a recurrence. The rottenness of conditions in high finance, the attempt to discredit Roosevelt, the deliberate scheme to freeze out various newer interests who also sought to be "high financiers" are subjects for discussion by the lay press. The Medical Sentinel merely speaks of the insanity of the country which followed the exposures from a purely medical standpoint.

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EPIDEMIC CEREBRO-SPINAL MENINGITIS

By C. H. WHEELER, M. D.
Portland, Ore.

Read before the Oregon State Medical Society, July, 1907

Epidemic Cerebro-Spinal Meningitis is classed among the transmissible diseases, and at present is recognized as being due to the Diplococcus Intracellularis Meningitidis. During the recent epidemic in the city of Portland and vicinity this germ was demonstrated as being present in many instances—either by lumbar puncture or by post-mortem examination establishing beyond all question the true character of the disease. The total number of cases treated in Portland is not exactly known, as all cases were not reported, and in some cases death was reported to other causes when I am quite sure the true cause was meningitis, while, on the other hand, some deaths were attributed to meningitis which should have been assigned to other causes. But after segregating the reported deaths we have the number from Epidemic Cerebro-Spinal Meningitis as sixty-one. The greatest number of deaths occurred during the month of May—thirty-five. The youngest victim was 3 years of age and the oldest 65. Three-fourths of the total number were between the ages of 15 and 45. The epidemic seemed to be general, no special district nor special type of individual being affected.

As a rule the onset of the disease was sudden—usually a chill, vomiting and violent headache followed each other in quick succession. Then coma and death in from a few hours to a few days. The pulse rate was usually slow and the temperature low, ranging from sub-normal to 1 or 1½ degrees, until a short time before death; then there was a rapid increase of both pulse and temperature, the latter becoming as high as 106. The earliest, most pronounced and most persistent symptom was rigidity of the neck, but neither this nor Kernig's sign was always present, and in the fulminating cases both were often absent. Various skin eruptions were manifest at times, but were of no diagnostic value except the peculiar hemorrhagic spots which in this epidemic were of small size and to me always indicated gravity—death surely following in a few days. Those patients who recovered had a rather protracted convalescence.

Climate—The winter and spring, cool, cloudy weather and cold weather favor its spread.

Dissemination—The mode of dissemination is in doubt, but I am inclined from personal observation to strongly believe that it is disseminated through the atmosphere. While the germ is neither hardy

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nor long-lived, yet under favorable conditions I believe that it may multiply outside the human body.

All persons coming in contact with the disease are not attacked by it, as in the case of diphtheria and its near relative, pneumonia; a person may have the germs of meningitis in the throat and nose and yet present no manifestations of the disease, and yet they, according to the German theory, are the direct agents in its dissemination.

Climatic conditions, in my observation, have much influence in the arrest or spread of epidemic cerebro-spinal meningitis. While cold, dry and cloudy days are favorable to its spread, the bright sunlight, or alternate rain and sunlight rapidly and effectually arrest the career of this most dreaded of epidemics. I observed during the height of our epidemic that a few hours of rain caused a cessation of new cases for three days, and a short time after there was a greater rainfall followed by a greater period of exemption, and a third rain storm of several days followed by bright sunlight served to effectually eradicate the disease—as no new cases have occurred since the middle of June, with only one death in July and but one case remaining.

Mode of Infection—This, I think, is without question through the respiratory tract, as instance the finding of the germ in the nose and throat of persons who frequently come in contact with the disease.

Prophylaxis—Isolation, fumigation and sterilization.

Conclusions—First, That the disease is a transmissible one.

Second. That hygienic surroundings have much to do with the development of the disease.

Third. The climatic conditions are either favorable or unfavorable.

Fourth. That every precaution should be taken after the patient has died or has been removed to the hospital.

Fifth. The over-crowding and breathing of vitiated atmosphere greatly influences the spread of meningitis.

Treatment—Each physician followed his own ideas of treatment and they ranged from the heroic to the expectant. The lumbar puncture and injections of various solutions, to the hypodermic medication of sedatives. The hot baths, the various local applications of ice or counter irritation to the head or spine. Blood-letting with leeches was not forgotten, nor the local application of mercurials.

The internal medication was quinine in large doses and tonic doses of strychnine, iron and other tonics during the stage of convalescence —the internal administration of sedatives, and all with varying success.

A small incision and the proper employment of Bier's breast cup will secure exceedingly gratifying results in the management of breast abscesses. —American Journal of Surgery.

The occurrence after laparotomy of marked distention of the upper abdominal zone, vomiting and collapse, points to acute dilatation of the stomach.—American Journal of Surgery.

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THE EXAMINATION OF A PATIENT WITH THE VIEW OF GIVING MEDICAL OPINION

By GEO. F. WILSON, M. D.
Portland, Ore.

Read before the Oregon State Medical Society, July 12, 1907.

The idea of selecting this subject for a paper, which will be confined chiefly to cases of injury, was prompted by the many slurs which are cast upon medical experts; and their testimony before courts and juries, and a desire to point out, in a way, how such opinion might be made to carry more weight in an individual case, or allow the reviewer of a report to form a just conclusion as to the merits of the case.

In the accident insurance business it is a well recognized fact that the possession of a policy is in no wise conducive to a speedy convalescence; in other words, so long as an individual is receiving pay for being hurt he lacks the incentive to recover on account of the partial support which is afforded by the policy.

The individual is allowed a period of rest from his work, and although he may be sacrificing a certain amount of money he feels that a "drawdown" is due him from the company. There are but few policyholders who are not influenced in this way, though many, to be sure, would not acknowledge it even to themselves.

They are perfectly honest in many cases, as it is due to a mental process; the disability or pain is dependent simply on idea and such impression lingers in their mind long after it should have disappeared. This is seen in cures by Christian Science, when high-minded, intelligent people persist in using crutches and other aids to locomotion and are induced to throw them away after being imbued with a proper amount of faith.

Now, taking the other side of the question, if an individual who is employed by a large corporation and is injured in such employ, he is against a soulless proposition. There is no one, benevolent, soft-hearted individual at the head, but the case is generally handled through a claim department.

The claim agent is employed by the company to adjust all claims to the best advantage of his company; his accounts are vouchered, and if it becomes generally recognized that he is making foolish adjustments some other man would be put in his place. As a rule, on account of the greater cost of litigation, companies prefer to settle their claims out of court, but just as a housewife entering a store wants to know what she is buying so a company desires to know what it is paying for.

These remarks are indulged in simply as a prelude to the first im-

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portant factor in an examination, and that is prejudice or bias either for or against an individual or company.

A family physician, unless of unusual steadfastness, can rarely be a true expounder of the truth on account of his bias which is due to his position as such attendant. Unless he finds and reports in accordance with what his patient believes to be true, he would lose caste with that patient, therefore his prejudice, unconscious maybe, is bound to warp his judgment.

A disinterested physician should be free to work as he chooses, curbing his prejudices to the fullest extent of his ability, but as the individual as against the company, has everything to gain and nothing to lose, there can justly be permitted a slight prejudice against, rather than for, the individual.

A medical man employed by a corporation may become calloused by being thrown in contact with many alleged and true cases of injury, but he is worthless if he is influenced in any manner by prejudice. It is through him that the company finds out what it is paying for, and if he continually advises wrongly someone with better judgment is selected to take his place.

A story is told of a superintendent who was advised that a certain passenger had been permanently injured. She hobbled into his office on crutches to arrange for a settlement, and after this had been effected had almost reached the outer door unassisted when the superintendent called after her and said: "Oh, Madame, here are your crutches; won't you need them to lean on?" "No," she replied, waving the check in the air, "I will lean on this for a little while."

I feel that there must have been some bias in this case to have allowed the medical examiner to have wandered so far from the truth, but it surely did not give the superintendent a very high opinion of medical acumen. The true complexion of a case is surely often hidden by prejudice.

After the examiner has thus purged his mind of any inclination pro or con, then only is he in a proper frame of mind to proceed with the examination. This should be begun by getting a narrative of the events immediately following the receipt of an injury, the position occupied, whether sitting or standing, whether unconsciousness supervened, whether assistance was rendered by bystanders or he helped himself, where he went and how he reached there, whether food was taken and how soon he sought medical aid.

Often the thought of compensation does not occur until after a lapse of several hours or days, and then the testimony of a physician is required to substantiate the presence of a hurt. Sometimes, too, legal advice is obtained before a doctor is called.

The character of the contusing force should be inquired into.

A lady I was once called upon to examine was in bed three months after a shake-up on a train where she was made to sit down more or less violently on a cushioned seat, striking her buttock against a window ledge. There was a contracture of the muscles of the leg and thigh fixing her knee and ankle, and with no other signs of spinal cord or brain injury.

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Beside being a very poor witness for herself as regards tactile, thermal and other impressions, all her symptoms disappeared when her attention was diverted, but that cost that company three thousand dollars. Now, what sort of injury could anyone receive from a force so applied?

That part of our anatomy has been reserved for the parental slipper since time immemorial, yet still another individual hurt on a freight train nursed a contusion of that region for ten days, left the hospital, developed pneumonia and the medical testimony showed to the extent of seven hundred dollars (granted by the court) that the pneumococcus having a normal habitat in the mouth found a place of low resistance at this point and hence the pneumonia. If you are ever unfortunate enough to come in contact with a number ten boot, seek your bed at once for fear of pneumonia; yet, it must be more or less rare, considering the number of "lickings" some of us have had.

The statement of the injured person, or even his relatives, must be accepted only on their true worth, and must be carefully weighed.

A man was once referred to me who gave the history of having fallen down his own well; he was much contused, and the lower border of the ribs were in contact with the iliac crests: as if he had been shut up like an accordeon. There were absolutely no symptoms of any injury to the cord. I put on a plaster of paris jacket, however, which he substituted a month later for a pair of his wife's corsets. It is needless to add that the deformity was not relieved, and I have often thought if, for instance, he had fallen down a railway company's well how much of an impression my testimony would have made on a jury that such a deformity could not have come on suddenly, without cord injury, in the face of the testimony of his wife, himself and brother that he was a perfectly erect man prior to the fall.

After getting the history, there should be made a careful examination of the body of the individual, allowing him to dress and undress himself as far as possible unassisted, so as to see the attitudes and postures that are assumed. A man with a truly injured arm, for instance, will draw the coat sleeve carefully up over the afflicted member and hunt for the coat sleeve with the uninjured member. Malingerers do not think of these things, and I have been able on two or more occasions to suggest a rehearsal should have been practiced before submitting to an examination.

Begin at the top of the head and proceed directly downwards, interrogating the position and character of each organ and how it is functionating. Conduct the examination yourself, and be prepared to get prejudiced against a patient who is anxious to tell you how to elicit certain symptoms, fearing you will overlook them. In order to determine the presence or absence of any true injury to the back, see if the same attitude is assumed at different times in stooping or picking an object from the floor. Do not be too much influenced by painful spots or even pain which has persisted without any objective symptoms for several months, and especially where it does not follow along definite nerve tracks. Sensitiveness to pressure over the spine

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is common in many neurotic or neurasthenic patients and in the absence of symptoms otherwise suggesting an injury to the cord is of no moment. Look out for anomalies of development, either congenital or acquired. Very few of us are symmetrical, and do not be deceived by such anomalies.

I examined an individual once whose chest wall beneath the left nipple was concave instead of convex. He claimed that to be the result of force applied with great violence, but for a moment only, and was fortified with witnesses prepared to swear that the concavity did not exist before his accident.

It would be just as impossible to stave in a barrel or a cocoanut without fracture as to produce such an injury in an adult without breaking the ribs or separating the cartilagenous attachments.

While on the subject of anomalies, what I wish to make especially emphatic is to be suspicious of any and all that do not follow anatomical or physiological lines that are not described in the text books or that cannot be explained even on common sense grounds.

I was a witness against a man who claimed an injury to the left arm. Two medical witnesses testified that there was a paralysis of the muscles of the neck. The man was a fake; he had a withered right arm, had increased the size and weight of his left arm by excessive use so as to make it much larger, the anomaly which deceived the physicians was due to a drooping of the shoulder from the increased weight of the arm.

Many bones on the two sides are of different lengths; measure individual bones instead of an entire limb.

A girl with hysterical contracture at the hip joint and an impression of hip joint disease from the suggestion by a physician of such disease showed a perfectly normal joint under an anaesthetic, but the femur was more than an inch shorter than the opposite one. Overlooking this anomaly and treating her for joint disease gave her the hysterical suggestion.

I will not go into technical methods of testing the reflexes of the presence or absence of sensitiveness to tactile, painful, or thermal impressions.

Impaired muscular strength in the lower extremities is determined by inability to draw up the legs or to flex the thigh on the abdomen without flexing the knee.

I once examined a man who simply dragged one leg and was unable to lift the same leg from the bed. I could not properly interpret this symptom, believing the man was not a malingerer until I saw in Ziemssens Encyclopaedia that this is a most frequent symptom observed in cases of Paralysis Dependent on Idea, which is considered by Reynolds as a distinct entity.

Muscular weakness in the legs is further demonstrated by asking the patient to stand on each leg separately, also to assume a squatting position, then rising up to an erect one.

Such a patient under treatment for a fall from a height, and thought to be feigning, was referred to me for examination. There was no anaesthesia or other disturbance of the skin, but when asked

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to flex the knees slightly while in a standing position he would immediately fall to the floor, and his efforts to follow out my requests to bend the legs, raise them from the bed, etc., were apparently so genuine that I became steadfast in the belief that he was really hurt. This man, now four years or more since his accident, is still on crutches as a result of cord injury. I am farther fortified in the belief that he was not feigning by a reference to his hospital clinical record, a very great aid in many ways toward forming a correct estimate of a case. He had run a temperature and had both bowel and bladder disturbance early in his sickness. As against this case the individual who claimed that his chest wall had been forcibly crushed in remained in the hospital during the nineteen days immediately following the injury, and his clinical record showed no disturbance at any time of pulse, respiration or temperature. It must take a pretty hardy individual to be so little phased by such a degree of violence.

I appreciate that this paper is by no means a scientific one, but it was not intended as such. It is more or less a narrative of personal experience, and as such may be the means of giving warning against various pitfalls that any and all of us are liable to fall into. It can not be other than an embarrassment to any of us to be saluted as "Doc" by some individual whom we have reported as being at death's door or fatally or permanently injured, and have him wave his recovered member in our face, or be twitted by a friend that such and such an individual is a lively looking corpse.

On the other hand, a medical man cannot look back with much pride on his work at seeing a poor unfortunate still on crutches whom he reported as slightly injured, and thereby deprived him of just recompense for his pain and suffering and his inability to earn a livelihood.

All of us have made mistakes. I have made a great many, but after an experience in this kind of work extending over a period of eighteen years, through an honest endeavor to get at the truth without prejudice, favor or affection, I have the consciousness of never having deprived a man or his family of what was properly due them.

The truly injured, like an innocent man, can ordinarily establish that fact; but the fakirs are largely in the majority.

The appointment by the court of two or more honest, competent and disinterested medical men would be of signal help in bringing out the truth in many cases which go to litigation.

Ten grains of trional (or veronal) the night preceding an operation, and a quarter of a grain of morphin one hour before operation, will make an anesthesia easier and more complete and it will not be followed by the usual after-effects of a complete narcosis.—American Journal of Surgery.

An inguinal hernia giving signs of obstruction and partially reducible, may empty into a properitoneal sac in Hesselbach's triangle, a loop of gut being compressed against the neck of the sac.—American Journal of Surgery.

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THE QUARANTINE

By A. C. SEELY, M. D.
Roseburg, Ore.

Read before the Oregon State Medical Society, July, 1907

In beginning this paper, I believe it would be well for me to admit that I have a hobby, and also, that I ride it at every opportunity. This frank confession will serve, I hope, to disarm harsh criticism and prevent your calling me names. My hobby is the Public Health. I have made it a hobby because I am interested in life—one's life is always a greater thing than any other can be; death is seldom welcome, and sickness never is, yet statistics show us that more sickness results from preventable diseases than from any other cause. Before I leap astride this hobby of mine and go racing off into my favorite realms, I want to give a brief history of my subject, the quarantine. This is not given because you may not be conversant with it, or that it is not just as accessible in your library as in mine, but for reference and deduction.

The term, quarantine, is an old one. It had its origin during the fifteenth century and was, at that time, applied exclusively to the maritime shipping. It is derived from the Italian word, quaranta, meaning forty, that being the number of days vessels were kept under observation for the outbreak of certain infectious diseases.

Quarantining is an old procedure, far older than its name, old indeed as the human race if we reckon from biblical history. Adam and his protoplast consort were quarantined within the Garden of Eden, amid all the perfections, and against all the diseases and vicissitudes of life, including toil and death. Yet they broke their quarantine and *here we are.* You will remember, also, that a little later Noah and his cargo of "pairs" were quarantined against destruction, the same "quaranta," forty days, being maintained, whereby considerable benefit was conferred upon posterity.

It is a curious fact that the first restrictions, in the nature of a quarantine, placed upon the afflicted were those imposed upon leprosy, the least contagious of all infections.

The first really systematic effort at quarantining was directed against the plague during 1403, in the home of the word, an island adjacent to Venice. The measures instituted then did not include disinfection, nor the separation of the exposed from the infected, but was merely a detention for forty days to let the disease "die out."

During the fifteenth century, when the bubonic plague swept Europe with such appalling results, the frightened populace fled unrestrictedly from one section of the country to another, scattering in its

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wake the plague and its synonym, death. It may be that they thought of the disease as the alchemist did of the universal solvent, there would be no holding it. Had there been the same restrictions observed as in Venice, there would have been a vast saving of life. As it was, 25,000,000 souls, according to Hecker, were lost.

I want to cite to you an historical instance of the value of the quarantine: There has been but one of the world-wide, malignant infections that ever successfully reached America, cholera, that allegorical trail of the "Wandering Jew." Its first appearance in this country was in 1832, next in 1848, again in 1866, but the fourth time it was caught and suppressed on the very threshold—the quarantine station of New York harbor.

For the purposes of this paper the foregoing brief history must suffice. Those who care to delve more deeply into its very interesting chronology can find it authentically given in a few of the medical encyclopedias. The especial purpose of this paper is to make some practical application of the quarantine as it now exists, and to make some suggestions relative to a more complete and effective system of quarantining.

Those of you who have had the misfortune to be acquainted with me, or my writings, will probably smile when you hear me again quote that most remarkable declaration of Pasteur's:

"It is in the power of man to make all infectious diseases to disappear from the world."

To my mind that is the most important truth ever spoken to physical mankind. It is a truth so self-evident no one can dispute it. It is a text for every physician, and should be the slogan of the public. Infections can and will be made to disappear and quarantining will be the process. When a disease is efficiently quarantined the infective germs can go no farther, they stop there, dead and inert. "If upon a certain day," says Dolan, "all children could be isolated and quarantined for a lengthened period the disease would be stamped out." The quarantining may be done by any method that will effectively prevent the transmission of disease germ from the sick to the well by means either of the food he eats or the water he drinks, or the air he breathes. How it is best accomplished is not easy to define. One rule cannot be made to cover all infections. In some it can be done by isolation, others can be controlled by disinfection and immunizing sera, while still others require special measures and individual care. Absolute isolation is by far the best safeguard the public can have, no matter what the infection may be, provided the emenations from the patient be destroyed. To merely control the patient while the dejecta "is cast upon the waters where it may return after many days," as the cause of further infection in other patients would be a folly greater than Christian Science. Yet a careless quarantine is too frequently permitted by those in authority—the physician, the nurse, the householder.

Thorough disinfecton is far better than ineffective isolation, and so far as it is applicable, it is the best safeguard for either the exposed or the unexposed amid a careless quarantine. As to the manner of disinfecting, that must depend upon the case, circumstances and means

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at hand, and how well the laws of hygiene and quarantine are observed—a law is effective only so far as it is obeyed. In disinfecting, the following basic principles should be kept in mind: A dwelling containing a suspected case must be considered an infected building, and the dwellers therein, other than the infected, must be segregated in quarantine. A thoroughly disinfected building is as free from danger five minutes after disinfection as it would be in five years, but the longer it remains without disinfection the more completely it becomes infected. As a suggestion, I might add that it would be an excellent law that would compel the disinfection of any house when vacated by a family, before another moved in, since so many families have infections of which the public are kept in blissful ignorance. After the period of incubation has elapsed the suspected can be safely allowed freedom. Whatever preventive measures are adopted should be made thorough; measures, good or bad, but half done, are worse than useless, since they give a fancied security. One fact must be kept persistently in view—no infection can be suppressed without the expenditure of money and the exercise of the utmost care. A good working rule to adopt is when in doubt act on the safe side and quarantine, and disinfect on suspicion.

The quarantine, now as always, is for the purpose of preventing the spread of contagious diseases, and naturally the subject of my paper limits me to those diseases that are acquired by transmission. There are known to be something over a half hundred distinct infections that are transmissible by and to the human family. These do not include the over numerous ectoza and entoza, though they differ from the so-called contagions only in their grossness.

At the risk of being a bit tedious, I desire to call your attention to these many infectious diseases and some of their peculiarities. I have grouped them, more or less arbitrarily, into three classes: Those of the first class include such infections as are deemed contagious. The second class takes up those by which the avenue of infection can be controlled by disinfection alone. The third class has to do with those cases that require special or individual prophylaxis.

Some of these diseases are so nearly on the border line that their assignation to either class must be largely arbitrary. Those of the first class should be strictly, rigidly quarantined by isolation, with the positive military injunction, "Let nobody pass." To this class have been assigned the following diseases with brief notations of their especial infectious characteristics:

Smallpox. This contagion has had a far different story since the day of Jenner; his discovery of vaccination changed the whole clinical picture and revised the statistics of its mortality. Probably the greatest prophylaxis that now remains would be to do without the anti-vaccinationists.

Typhus fever, once a scourge, has, through the effective prophylaxis of fresh air and sunshine for the exposed and isolation of the infected been made to almost disappear.

Measles, rubella, mumps, chickenpox and whooping cough depend,

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as yet, upon complete isolation for their prevention. These diseases, with the possible exception of measles, are usually held to be of so little importance by both the laity and the profession that complete isolation is very difficult, yet they, too, should be made to disappear.

Scarlet fever carries with it such gravity that its quarantine is not so difficult to maintain. The pernicious custom of calling the mild scarlatinal cases "merely a rash," as many physicians do, prevents an otherwise thorough stamping out of this disease. Prolonging the quarantine period is urged, since patients are usually not held until desquamation has been completed and it is still contagious in this stage.

Cerebro-spinal fever and tuberculosis belong to the same category; both are deadly, each of them depend for infection upon the susceptibility of the individual, in each the pathogenic may invade without infecting those who are aero-related to the infected. Because of their deadliness, each of them should be rigidly isolated.

Diphtheria, while robbed of its greatest terrors by anti-toxin, is still a contagion that needs very greatly to be made to disappear. As isolation, coupled with immunization and disinfection, renders prophylaxis perfect, there can be no legitimate reason why this disease still exists.

Erysipelas, in my humble opinion, was not rightly named, certainly it is red-skinned, as its name implies, but it has a greater characteristic than that—it is the most fickle of all contagions. It not only does not confer immunity, but predisposes to future attacks. I am sure had the French had the first naming of it they would have called it "Le Caprice."

The bubonic plague is the oldest, most violent of all infections. It enters the body only through abrasions of the skin. The infection is carried by rats and the transmission to man is largely by the mutual ectoza. In addition to isolation, disinfection and rat extermination, we have Haffkine's immunizing sera, which has proven of the greatest possible value as a prophylactic.

Leprosy, that slow, insiduous, abbreviating infection, the first of all to be isolated. Had the isolation been complete the disease would have been made to disappear long ere this.

The disease of the second class, in which thorough disinfection is a sufficient quarantine, are:

First, because of its prevalence, typhoid fever. If the infection of typhoid was cared for in all cases it could very easily be made to disappear. The disinfection must be maintained on the part of the patient and also by the non-infected, who are within the zone of infection. The first by the complete destruction of the bacilli as they pass from the body in the nasal secretions, sputum, sweat, urine and feces. The prophylaxis for the well is secured by boiling the drinking water and having all food thoroughly cooked, and fly screened. Since typhoid is, for the most part, water-borne, some sort of a quarantine should be expected from those who have the supplying of towns and cities with water. Somebody has said, with equal wit and truth: "What we want in drinking water is innocence rather than repentance."

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Recurrent fever is best guarded against by disinfection, but an added safety lies in doing without the infection carriers—the bed-bugs.

The directions for controlling lobar or croupous pneumonia cannot, as yet, be made decisive. General prophylaxis needs to be on a very large scale, and involves the wetting down of dust and like manner of things with disinfectants. Outside of disinfecting the various excreta from the patient individual prophylaxis cannot go much beyond careful naso-pharyngeal toilet.

Cholera should not exist—it should have been made to disappear years ago. Since the specific organism has its exit only in stools, it is obvious that the destruction of the stool means the destruction of the disease.

Influenza is the most widely distributed pandemic infection known. Its infection depends largely upon telluric conditions as well as Pfeifer's bacillus. It does not confer immunity, but rather predisposes the once infected individual to subsequent attacks. Because of the extremely brief period of incubation sufficiently prompt quarantine to be effective is almost out of the question. But certainly some restriction should be placed upon the infected, since it maliciously invites other infections to attack its victims and also because it is so lethal to the enfeebled and aged.

Pyemia, septicemia and tetanus depend almost altogether for their elimination upon disinfection, though immunizing sera promises much.

Actinomycosis, anthrax, glanders, foot and mouth diseases are infections that are directly or indirectly transmitted to us from the lower animals; this fact indicates the direction in which disinfection wholly lies. To destroy a human being that further infection may be prevented is, of course, out of the question, but to destroy the lower animals that they may not transmit their diseases to man certainly deserves the highest possible commendation.

Tonsilitis is usually unrestricted, sometimes it has occurred to me that some patients even take pains to spread it. If the baby has it, everybody in the family kisses the baby and acquires the malady. The more affectionate the family the more rapid and widespread is the infection—it is distributed as a favor. Truly, we should awake to the necessity of interdicting the lesser as well as the greater infections if we wish to make them disappear.

Malaria, yellow fever, and dengue have for their carrier the mosquito. A child can guess the solution, the carrier must be destroyed.

As for the third class, or those diseases that require supervision or individual consideration:

For hay fever there is but little choice beyond the selection of immune territory for the afflicted—the Dunbar serum has not, as yet, given a glowing success.

Rheumatic fever has, so far, defied prevention, but much can be done in elminating the predisposing causes.

Gonorrhoea and syphilis are the disgrace diseases of mankind. Very few people become infected with them innocently. The malicious infected should be effectively quarantined, not because of themselves—perhaps their punishment is sufficient, but for the protection

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of the innocent ones and posterity. Marriage should be positively interdicted so long as there is a trace of the disease remaining in either of the contracting parties.

Beri-beri, malta fever and trachoma are the diseases of filth. Not that filth alone causes them, but it encourages their advance far too well. These diseases are presented to us by the grateful immigrants from the Mediterranean and the Orient—they give it in exchange for liberty and protection. The first two can be controlled to an appreciable extent by the improvement of sanitary conditions, for the latter, trachoma, if the individual must handle stair rails, door knobs and like manner of things he can at least keep his fingers out of his eyes and thus provide against infection.

Regarding hydrophobia, Whittaker says: "The only true prophylaxis is the muzzle, which renders all other prophylaxis superfluous."

There are some exotic diseases I have not mentioned because they are not likely to confront us. If they should, there is but one course —quarantine.

I am not sure that you will agree with me in the observations I am about to make, but I feel compelled to make them because they have been taught me by experience. The first has to do with what has always seemed to me to be a most disproportionate state of affairs. It is the tremendous output of time and effort as expressed by our medical press, books, papers, and lectures upon the subject of disease and its cure as compared with that in the interest of its prevention. I find it difficult to understand the too frequent apathy and the indifference displayed by the rank and file of the profession in the face of what has been done by its leaders in the interest of public health. Furthermore, I find it most difficult to understand the indifference of the public at large to its own interest, an indifference that sometimes amounts to a positive opposition to measures instituted for the preservation of their health, as instanced by the breaking of quarantine and the refusal to be vaccinated. We must certainly break down these indifferences both within the profession and without if we expect to make the infectious diseases to disappear.

Nearly every part of diseased mankind has developed a specialist in our profession; it is the day of specialists; there is the oculist, the aurist, the internist, the alienist, the gynecologist and—I came near to adding, the abortionist, only it is not fair to cast reproach over the whole profession for the obliquity of the occasional few. But among all these specialists of hygiene and prophylaxis are conspicuous by their non-existence.

Libraries are crowded with text books that have been written on the cause, history, symptoms, diagnosis, treatment and prognosis of every known disease. Nice, big books, in good substantial leather bindings, well written, technical and exhaustive, but perfectly incomprehensible to the passing crowd. For the public, such things as purport to the safety of their health have to be very clearly and tersely stated, else they do not give it heed. Any amount of matter is written of treatment, but there is very little of prophylaxis, and of that little but a meager portion reaches the public in such a way that they can

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understand it; therefore the lack of comprehension and co-operation of the public in matters of quarantine.

The physician is interested in his diagnosis, the patient in the prognosis, but they that are well must be infinitely more interested in the prevention of a disease that may not only escort them a few years previously into the Great Beyond, but leave its mark on their posterity as well. It is far greater credit to a physician to prevent the occurrence of a disease than to cure it. Disease can never be made a salutary thing. No one is better off for having had a disease, on the contrary he is always harmed, even when immunity is thereby conferred, for, obviously, it has taken away, added to, or changed something that was there, and it would not have been there had it not been of use in the internal economy. People rarely appreciate how much a disease in childhood mars or marks the after life of a child. The old idea that children should have children's diseases while they are young, and the represhensible custom of exposing them to infection cannot be too strongly condemned. It gives a false sense of security, for though the infection may confer an immunity as regards the recurrence of itself, the ensuing depletion and weakening of the natural powers of resistance invite the attack of other diseases that might have been resisted. Not only does this apply because of the possible injury to the one child, but always it is a source of infection, and unless quarantine intervenes there will be an extension of the unbroken chain of infection with always a widening zone of danger; like a wave from the pebble dropped in the placid mill pond, it will continue spreading until interrupted.

The prevention of disease in the public schools is of the greatest possible importance, since, because of close association, each case becomes the radical center from which other series of infections may develop. An example of this kind recently happened in Roseburg. A boy attending high school "broke out" in the class room with measles. From this center there have been reported nearly one hundred cases. These were for the most part from country districts carried there by out of town pupils who returned home without knowing they were infected.

The inhabitants of this great land of ours are prone to forget the consideration due their fellows. They forget that personal liberty is not everything, and they forget the laws they make and they flaunt them when they do not forget them. They must be made to remember and to co-operate. To make the prevention of disease a success you must secure the co-operation of the people.

"Nowhere in the civilized world," says Foster, "is the enforcement of quarantine so difficult as in this country, where the cry of the infringement of personal liberty is the shibboleth of the demagogue."

The co-operation of the people can best be secured by educating them to understand the necessity of the quarantine. "It may be said," as Dr. Abbott so aptly puts it, "that unless the public comprehends clearly the importance of the end towards which we are all striving, and appreciates the relation of all measures to that end, but little progress can be made in public health administration.

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"The campaign for the health of the people is essentially a campaign of education. Enlighten the people on all phases of the subject at every opportunity, and the work will progress smoothly. Keep them in ignorance, surround the subject with mysteries that cannot be comprehended by a plain man and no laws that are enacted or powers that are conferred will suffice to accomplish the desired result."

If you would effectively quarantine the infections, take the public into your confidence; be no longer the man of mystery; do not be afraid to help your community to protect itself from the invasion of preventible disease. If your hesitation be from the financial view, which I can hardly think possible, you are laboring under a mistake. For in the absence of infections, the treatment of which after all is but the routine drudgery, you will have time to perfect yourself in the treatment of those cases, which call up the exercise of your most subtle ability, and which you now let drift into the hands of the various specialists. If your inaction is due to careless consideration of the health of those about you, then you do not deserve success and you have demeaned your profession.

We are not tradesmen, nor shop-keepers, nor money-lenders, nor are we identified in any way with commercialism. If we were we could justify ourselves by our laxity in preventing the spread of infectious diseases by holding that such prevention would militate against our financial welfare. We could even go beyond that; we could, with the laudable zeal of modern commercialism, import exotic diseases and encourage their widespread propagation, for each new case of the continuance of an old one would be "money in our pocket." But we are not these things; we are the fartherest thing from commercialism, and we are not charlatans; we are the members of the only profession that endeavors to cut off the source of its revenue by limiting its field of lucrative employment. But even this is not enough; we must do vastly more; we must, with the help of an understanding public, "make all infectious diseases to disappear from the world."

Voltaic Puncture in Turbinal Hypertrophy.

F. E. Neres, Denver (Journal A. M. A., October 26), advocates the use of galvanic puncture with the negative pole for the treatment of intumescent and hypertrophic growths within the nose. After cleansing and, if demanded, spraying of the parts with a weak cocain solution, the polished gold needle attached to the negative pole of the battery is inserted through a nasal speculum into the growth to the required depth, the sponge electrode of the positive pole being attached to the wrist. A current of three milliamperes, regulated by the rheostat, is allowed to pass for three minutes; it is then turned off and the needle withdrawn. The bleeding is easily controlled by pressure along the line of puncture. He claims for this method the following advantages: 1. Practically no pain; 2, the operation is almost bloodless; 3, good postoperative reaction; 4, no remaining scar tissue; 5, function of mucosa uninjured; 6, no postoperative complication. Ten case histories are reported and the article is illustrated.

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THE INFLUENCE OF HEREDITY

By RUTH C. BARNES, M. D.
Lebanon, Ore.

Read before the Central Willamette Valley Medical Association, June 6, 1907

The influence of heredity has been observed since the creation of the world and is one of Nature's first laws—"Male and female created He them," and each "brought forth after his kind." Though authorities may differ as to the amount of influence heredity may exert, we believe every one admits that parents transmit certain characteristics to their children. These characteristics may be mental, moral, or physical.

We have all of us observed among our acquaintances the similarity of physique, disposition, motion and voice existing among members of the same family, and this resemblance is oftentimes shown through several generations. Again, it may skip one and reappear in a later generation.

Possibly the most striking example of this law of heredity is found throughout the history of the Jewish nation. Refusing to intermarry with other nations, their descent is from pure stock, and the same sagacity and business acumen which made Abraham the "richest man of all the East" have come down through all the ages to his descendants. The "gentleman of leisure" who begs at our kitchen doors is not a Jew; and while he may come with petty trinkets to barter, he is never a tramp. Rather do we find him among the leaders of finance, and it is a significant fact that the richest family in the world today—the Rothschilds—are Jews.

This exemplification is shown not only in their traits of character but in their physical being. One may easily and in any place detect a Jew by his peculiar physiognomy.

There is some diversity of opinion as to which parent exerts the greater influence upon the offspring. It has been observed among animals that the young are more apt to resemble the father in general form and size of the body. In the human family these physical characteristics seem to be influenced as much by one parent as another. In the case of mental endowments the weight of influence is slightly toward the mother; and it is a remarkable fact that in all cases of men who have become distinguished for great mental ability, their mothers have displayed the same qualities to a greater or less degree.

If in the economy of nature a law had been decreed that only superior attributes should be inherited, that all that was in any way inferior should be eliminated in the process of reproduction, the race must have long ere this attained a perfect state. But "the iniquity of

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the fathers" is visited "upon the children unto the third and fourth generation," and heredity is an example of at least one interpretation of this law.

In an interesting and instructive contribution to Osler's Modern Medicine, 1907, Dr. J. G. Adams says: "There is no such thing as inherited smallpox, inherited tuberculosis, or hereditary syphilis." Briefly, he claims that of actual disease very little is truly inherited, but of morbid conditions, departures from the normal, morbid tendencies, etc., there is much. It is to these diatheses this paper particularly calls attention.

Nothing is more clearly demonstrated than hereditary predisposition to many of our most common diseases. Children born of parents afflicted with tuberculosis, gout, cancer, syphilis, inebriety, etc., are in nearly all cases endowed with weakened and enfeebled constitutions and are thus unable to resist the disease when exposed to or attacked by it.

Of these diseases inebriety or alcoholism has the most injurious and widespread effects. It were pitiable enough were its ravages confined to one generation producing as it does three-fourths of all the idiocy, insanity and crime of the country. But so ruinous are its effects upon every organ of the body that the offspring of its victims are in nearly all cases bequeathed an unhealthy and impoverished system. Many—not all—cases of pulmonary, renal and hepatic diseases, while not strictly hereditary, present a history of inebriety in parents, grandparents or great grand parents.

Notes from private and statistics from hospital practice reveal a startlingly large per cent of cases of disease due to an inherited nervous diathesis. This is especially appalling in instances of mental affections, one medical expert making the statement that over 85 per cent of the cases of insanity are due to this condition, the most prolific cause of which is inebriety above referred to.

We quote the following from a recent number of the Oregon Teachers' Monthly: "Dr. C. S. Moore, of Los Angeles, in an address before the State Teachers' Association in Portland last fall, sought to impress upon his hearers that heredity had little, if any, bearing upon the child's character. He argued that, whatever its origin, with proper training and suitable environment a child would develop into a good citizen. This is a beautiful theory, and if it had any foundation in fact, the world could be easily and quickly transformed by it. But statistics bearing on the subject, and the observation of specialists for many years, not only fail to confirm the truth of the theory, but show it to be absolutely without foundation. The following figures are taken from the records in the office of the State Board of Charities of Indiana: In 511 families in which there is feeble-mindedness there are 1,924 persons. Of these, 1,343 are in public institutions, 1,249, or 65 per cent, of all being feeble-minded. Of the males, 15.8 per cent are illegitimate children. Twenty-two per cent of the females have given birth to illegitimate children. Another group of 241 families have 970 members. Of these, 221 families have two generations of feeble-mindedness; sixteen, three genera-

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tions; three, four; and one has five generations. The number of direct descendants who are known to be feeble-minded is 726, or 74.8 per cent of all. Nothing reproduces itself so surely as feeble-mindedness."

Statistics on criminology reveal even a more deplorable influence than this. A statement was made before a New York convention within the last few years which, doubtless, many of you noticed. It was to the effect that a woman of criminal tendencies died in 1827. "Her descendants have been traced," continued the speaker. "They number 800. Seven hundred were criminals, having been convicted at least once. Thirty-seven were murderers and were executed for their crimes. This family," the speaker concluded, "has cost the nation $3,000,000 for trials and executions."

This is only one instance, and we believe the descendants of other criminals would in many cases show a similar history.

With our almshouses and charitable institutions filled, with our orphan asylums and children's homes overflowing, with our reformatories and penitentiaries crowded, and with the great mass of helpless, hopeless humanity in the slums of our cities, is it any wonder that thinking people are seriously considering the advisability of legislating marriage? That students of political economy are suggesting it as help toward solving some of our social problems?

And the unfortunate offspring of diseased and criminal parents are not to be found alone within the limits of our larger cities, but in almost every community the pinched and prematurely aged faces of these children meet us. Children innocent in themselves, but who through ignorance and thoughtlessness have been robbed of their just birthright—a healthy normal parentage.

No one will deny that education and environment have a pronounecd effect upon character, but these can work but slowly upon individuals mentally, morally and physically dwarfed. It was Dr. Holmes who, when asked, "When the education of a child should begin?" replied, "Before it is born."

The applicant for life insurance, where only a few hundreds or at most thousands of dollars are concerned, must give an honest account of his family history as regards health and disease, and upon this his acceptance or rejection by the company is largely based. But the candidate for matrimony, upon whom may depend directly or indirectly the destiny of numbers of human souls, must undergo no such examination. Too often is it not the case that the standard of approval is, "What is the size of his bank account, his social position, and the style and extent of the house he is able to provide?" Would it not be better if our young people were taught to look at this matter from the standpoint of character and family, as well as sentiment, and to ask themselves fairly: "Is this man's or woman's family free from diseases and tendencies that might affect innocent children? Is he or she morally, mentally and physically what I would wish the parent of my child to be?"

We are aware this is not a romantic way of looking at these things, but it is the practical and not the romantic we are mostly concerned with in life.

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Marriage is a divine institution for the perpetuation of the race, and we as intelligent men and women are responsible for the kind of parents we give our children. Breeders of fine stock recognize the influence of heredity and profit by it. Shall man, whom God made to have dominion over the earth, be less careful of his own than he is of his animal's progeny?

One of the most interesting and curious phases of this subject is that of maternal impressions. These impressions, occurring as they do after conception, cannot be regarded as inherited. In fact, many so-called inherited conditions are in reality ante-natal acquirements. Quoting again from Dr. Adams' article, we find: "It is at the moment of fusion that the new individual begins its existence. Any influence acting upon and modifying it after this moment is something acquired by what is already a separate entity; it is not inherited."

It has long been a common belief among the laity, and even among some physicians, that mutilations, deformities, etc., were inherited. This theory has been abundantly disproved. On the other hand, it is conceded by many authorities that pre-natal education is possible; that the mental state of the pregnant woman may affect to a greater or less degree the disposition and tastes of her child.

One noted medical authority has said: "It has long been observed that children begotten by a man when intoxicated often permanently present the characteristic signs of that state—obtuse senses and almost entire absence of intellect. The remark of Diogenes to a stupid youth is well known, 'Young man, your father was very drunk when your mother conceived you.'" We quote once more from Modern Medicine: "Paternal intoxication does influence the semen and leads to the production of vitiated progeny."

If the temporary state of the father has such a powerful and permanent influence upon the life germ, is it not probable that the continuous influence of the mother during the nine months occupied in the evolution of that germ will be much more decided and important?

Observation and experience confirm this view, and it is an encouraging sign that more than ever before people are giving intelligent attention to the hygiene of pregnancy. The Angel gave emphatic instructions to the wife of Manoah before the birth of Samson, that man of mighty strength, in the words: "Now, therefore, beware, I pray thee, and drink not wine nor strong drink, and eat not any unclean thing."

Realizing that her offspring is more or less influenced by her own state of mind and body during the period of gestation, the intelligent expectant mother of today plans and arranges to live as nearly as possible an ideal life. The divine instinct of mother love which we believe is inherent in the soul of every true woman, is quickened and thrilled with the responsibility of the new being to whom she gives life. Believing that virtuous motherhood is woman's noblest crown and glory, she gladly welcomes the coming of the little child into her life and home. In these days, when the enjoyments of art and

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beauty are not confined to the rich, but may be possessed by those in the humblest walks of life, the ideal mother surrounds herself with that which shall contribute to the formation of a taste for all that is beautiful and refined in life.

In her bedroom and on her walls are found pictures which suggest only the most ennobling and elevating thoughts. Madonnas, with tender, love-lit eyes, may be purchased for a penny, and better these than the costliest painting with an indifferent or ignoble subject. On her table are books and periodicals treating only of that which is pure and chaste. That alone which is lofty and inspiring in music attracts her, and her whole being is attuned to a higher strain, because of the immortal life entrusted to her care. Burdened with the daily cares and duties of the busy housewife, and possibly beset with fears as to the issue of her condition, she will yet with a heroic effort strive to rise above these and to cultivate those traits of character she most desires in her offspring.

And who shall dare to say the mission of such a woman is other than holy? Who among the list of patriots deserves a higher place than the mother who gives a band of healthy, God-fearing sons and daughters to be the citizens of her country?

As more and more men recognize the immutability of God's laws, and realize the fact that they are the instruments to work out the destiny of the human race, so more and more will they give attention to the influence of heredity and strive to perpetuate only that which is noblest and best in mankind.

Buried Sutures.

W. B. Chase, Brooklyn (Journal A. M. A., November 30), insists on the advisability of the use of absorbable ligatures and sutures when buried sutures are necessary. He claims that it has been amply demonstrated that catgut can be rendered thoroughly sterile by methods that do not impair its tensile strength and that infection occurring with its use probably is due to handling. It should always be used directly from a sterilized package and any portion not used should be destroyed. A wise selection of plain or chromicized catgut will firmly ligate vessels and pedicles and maintain proper union of surfaces so long as may be needed. The use of unabsorbable material furnishes no better security and subjects the patient to avoidable and serious risks. He protests also against undue tension in tying sutures as involving danger of cutting through tissues and also of producing necrosis of soft structures included in them and preventing primary union. The only possible advantage of silk over catgut, if it exists, is in the use of fine silk in intestinal suturing. He thinks that the experience of many operators shows at least the equal safety of catgut for this purpose.

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Medical Societies

Portland City and County Medical Society.

Portland City and County Medical Society met in the Commercial Club October 2, 1907, and was called to order by President Haamilton.

Members present: Drs. Bell, Buck, Courtney, Dammasch, Ellis, Fried, French, Gilbert, Goray, Hamilton, House, Holden, N. W. Jones, Wm. Jones, Kirkpatrick, Labbe, Kathrine Manion, Florence Manion, Marsh, McCusker, Marcellus, A. E. Mackay, Harry Mackay, Rand, Roth, A. C. Smith, A. W. Smith, Sheldon, Timms, Whiteside and Wight.

Visitors: Drs. Carll, Hyde, Frisby, Page, Stears, Strocker.

Proposals for membership: Drs. Carll, Hyde, Patten and Stearns.

Exhibition of Pathological Specimens.

Drs. House and Dafmasch exhibited a rare specimen of brain tumor, this being an enormous Pasammonia of the Pituitary gland, to which was attached a cyst of the size of a hen's egg, which projected into the frontal lobe. Symptoms dated back 18 years, yet the patient, a man of 26, was walking around two hours before his death. Had been blind in one eye from optic neuritis for twelve years, in the other for the past three years.

Reading and Discussion of Papers.

First paper was read by Dr. A. C. Smith, viz: "End Results of Cancer of the Breast Operations." He said that many points are to be considered in operation for this disease, extent of involvement, rapidity of progress, character of growth, and the period of duration, all have the material bearing on the results obtained. Recurrence should be treated by caustic paste, and with X-ray rather than by cutting. Sexes seem to have an important bearing on cancer of the breast, as it occurs 100 times oftener in women than in men. Early diagnosis and simple operations with use of X-ray giving by far the best results.

This paper was discussed by Dr. Wm. Jones, Drs. A. E. Mackay, George Whiteside and L. H. Hamilton taking up the general discussion.

Dr. Smith, in closing, spoke of the great advantage of microscopic examination during the operation, to determine the character of the growth, and advocated early operations rather than radical operations at a later date.

Second paper was read by Dr. N. W. Jones, viz: "Gastrogenic Intestinal Disease."

Intestinal disease of purely gastric origin is now recognized as a clinical entity. It assumes two forms, the diarrhoeal and obstipative. The former vary from a simple enteric to a severe intestinal catarrh. The latter usually depending upon a hyperacid state. Diagnosis depending upon analysis of a stomach contents, and the stool from a definite intestinal diet, such as that of Schmidts. The general principle underlying the therapy are, removal of mechanical irritants from the food, the relief of abnormal putrefaction and fermentation and the relief of motor insufficiency.

In the absence of Dr. Koehler, this paper was discussed by Drs. Stearns and Florence Manion.

Cases in Practice Related by Members

Dr. Marsh reports a case of extra uterine pregnancy, twice operated upon for same trouble, and case doing well.

Miscellaneous Business.

Dr. Carll reported that a local detective agency have come to him with the proposition that they will furnish

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enough evidence for conviction against quacks and charlatans now operating in this city for $50.00 per case. The state board has no funds for such work, and would like to know the expression of this Society.

Dr. Buck reported that the Chinaman recently convicted of this offense is still doing business at the old stand unmolested.

Dr. Carll said if the evidence is furnished the Board, he will take the matter up with the district attorney. Spoke of the X-Radium Institute having been reported to him also, and if a detective agency was employed evidence could easily be obtained, but it would be difficult for the members of this society to do the same.

Dr. Labbe moved, and Dr. Fried seconded, that this matter be referred to the committee. Carried and so ordered.

Dr. Harry Mackay spoke of the advisability of members of this Society adopting one or the other of the telephones now in use, eliminating the undesirable, and securing terms from the company whose phones were selected, as it was easily done if the members will sign up for one, cutting out the expense of the other.

Dr. House moved, and Dr. Mackay seconded, that the Secretary be instructed to notify the members that at the next meeting this would be brought up for discussion. Carried, and so ordered.

ALLAN WELCH SMITH,
Secretary.

Portland City and County Medical Society.

The City and County Medical Society met October 16, 1907, in the Commercial Club, and was called to order by President Hamilton.

Minutes of the previous meeting read and approved.

Members present: Drs. Amos, Bell, Bristow, Braden, Buck, Briggs, Cable, Chance, Chipman, Coffey, Crockett, Cottell, Campbell, Chamberlain, Courtney, DeVaul, Dammasch, Darr, Ellis, Hicks Fenton, Fessler, French, Geary, Gilbert, Hollister, Hosmer, Hawke, Holden, House, Hubbard, Hill, Irvine, Josephi, N. W. Jones, Johnson, Keeney, Kirkpatrick, Labbe, Mackenzie, Katherine Manion, Florence Manion, A. E. Mackay, Harry McKay, Marsh, Moore, McCusker, McCorkle, Marcellus, Ralph Matson, Ray Matson, Herbert Nichols, Pierce, Pohl, Quigley, Rockey, Ricen, Roth, Rand, A. C. Smith, F. S. Smith, A. W. Smith, Sternberg, Start, Sheldon, Spencer, Swennson, Stewart, Tilzer, Timms, Tucker, Taylor, Trommald, Walls, Wight, White, Wells, Williamson, Wetherbee, Woodruff, Yenney, Zan.

Visitors: Drs. Carll, Stearns, Brown, Madden, Potts, Mr. A. L. Mills.

Proposals for Membership: D. O. Webster, graduate Boston Meedical College, June, 1903; C. G. Hall, graduate University of Oregon, 1907; Geo. J. Potts, graduate Victoria R. C. S.

Election of Members: Walter E. Carll, R. S. Stearns, Horace M. Patton, S. W. Hyde. All elected by a unanimous vote.

Paper of the evening was read by Dr. F. M. Pottinger, Los Angeles, Cal., viz: "Upon What Does the Cure of Tuberculosis Depend?"

The author delivered a magnificent oration upon tuberculosis, dealing with its diagnosis and treatment, and while his views differed from those of many of our members, yet, coming from such an authority, they are not to be lightly considered.

Early diagnosis and immediate treatment are specially advocated. Pleurisy with or without effusion, bronchial breathing, roughness in the bronchial tubes, inter-costal neuralgia,

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early congestion of the larynx, a general run-down condition, are all looked upon with suspicion.

Deep inspiration, with the regular filling of the apex of the lung, is a most important sign in early diagnosis. The use of tuberculin in 1-10 milogram doses, taking temperature every two hours, is a favorite means of diagnosis, many rales and chest symptoms appearing after its administration that were previously absent. Forced feeding is a mistake, bringing on chronic constipation, and dilation of stomach. Chewing the food properly and common sense feeding is recommended. Fresh air. Examination of blood, with careful attention to increasing the resisting powers of the patient, should be looked after from the beginning of the disease. State aid should be solicited, and majority of cases treated at their homes, as a change of climate is not essential for their complete recovery. When asked if tuberculin is dangerous, he said, Trudeau has used it in his work since 1891, and is a pioneer in this field. Tuberculin is dangerous if placed in the hands of the unskilled, but extremely valuable if used correctly.

Discussion was opened by Dr. Pierce. General discussion by Drs. Gilbert, Jones, Yenney, A. C. Smith, Florence Manion, Mackenzie, Walls, Coffey, Ralph Matson.

Dr. A. C. Smith moved that a rising vote of thanks be extended Dr. Pottinger for his able paper. Carried.

Dr. House moved and was seconded that Dr. Pottinger be made an honorary member of the City and County Medical Society. Carried.

Miscellaneous Business.

Dr. House introduced the following resolutions upon the telephone situation, which were adopted, and the President appointed the following as a committee to wait upon these companies and report at the next meeting: Drs. A. C. Smith, Harry McKay, Robt. Yenney.

Whereas, The telephone service of the Pacific States Telephone Company has been, and is abominable, and, whereas, the introduction of a second telephone, that of the Home Telephone Company, into the city of Portland, has doubled the expense of telephone service without adequately improving it; and, whereas, the increased cost of telephone service works hardship upon Portland physicians; and, whereas, the physicians of Portland believe the success of either or both companies will be largely influenced by the use of their respective phones by physicians:

Be it Resolved, That the City and County Medical Society of Portland express its disapproval of the present state of affairs in telephone service; and be it further

Resolved, That a committee of three be appointed by the President of this Society to visit the representatives of the two telephone companies to demand special rates and improved service to physicians and surgeons of this city, and to secure the best rates of each company for the use of its telephones exclusively; and be it further

Resolved, That this committee be instructed to report its findings at the next regular meeting of this Society.

Dr. Moore, chairman of the committee for prosecution of quacks and charlatans, reports that a Chinaman was convicted of practicing without a license, and fined $75.00 and costs, and further recommends that, owing to the laxity of our state law bearing upon this point, that a committee be appointed to go before the legislature advocating a new law bearing upon these cases, or an amendment to the present law.

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Dr. Cottell thinks we might have a resolution pass the city council, controlling the practice of medicine in the city.

Dr. Coffey thinks we should go in a body to the district attorney and demand action upon this work.

Moved to adjourn. Carried.

ALLAN WELCH SMITH,
Secretary.

Proceedings of the Fifteenth Annual Meeting of the Idaho State Medical Association, Held at Boise, Idaho, October 3rd and 4th, 1907.

(Continued from November issue.)

Second Day—Morning Session.

The committee appointed to report on advisability of this Association meeting in Seattle in 1909, made the following report:

"Your special committee to whom was referred the matter of holding the 1909 meeting of this Association conjointly with the medical associations of Washington, Oregon, and British Columbia, during the Alaska-Yukon-Pacific Exposition, report that we have carefully studied this proposition and recommend the following action by this Association:

1st. That we accept the invitation of the Alaska-Yukon-Pacific Exposition and the Washington State Medical Association, to meet with them in 1909 at Seattle.

2nd. That the President and Secretary be empowered to make all necessary preliminary preparations, and

3rd. That the adoption of this report be considered equivalent to the first reading of a proposed amendment to our Constitution and By-Laws for the purpose of providing for a meeting outside of the state.

(Signed) J. H. BEAN,
GEORGE COLLISTER,
ED. E. MAXEY.

On motion, this report was unanimously adopted by the Association.

The special committe on District Societies made an informal report to the effect that owing to their having insufficient information, they were unable, at this time, to formulate any recommendations, but would try to report to the Council during the year.

The committee on the President's Address were not ready to make their report.

Etiology of Acute Rheumatism.

Dr. J. C. Davies, of Boise, read this paper, in which he discussed the confusion caused by the term "rheumatism," the older ideas as to classification, and the relation of sex, age, climate, and vocation to the disease. There is today, he said, a growing belief or conviction that acute rheumatism is an infectious disease, and substantiated this statement by referring to the results obtained by various investigators.

Discussion.

Dr. W. C. Maxey said the point which impressed him more than any other in the paper was that though it was quite generally accepted today that acute rheumatism was caused by an infection, yet the formation of pus in the joints affected was unknown.

Dr. J. B. Wright thought the prevalence of malaria in warmer climates was probably a potent cause for there being less rheumatism in these climates; the two diseases do not seem to mix well.

Dr. Niles: In many cases we will find more than one cause or source of infection, and thinks we are not justified in putting all causes of rheumatism under one head. He emphasized the importance of defective elimination as a potent factor and also referred to the frequency with which we get a history of tonsilitis

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ushering in an attack of rheumatism.

Dr. Davies said he wished to state before the discussion was closed, that he thought the next step would be in classifying the different forms of rheumatism by laboratory methods. He believed rheumatism to be an infection, but there were evidently different forms of the infection and each produced an individual type of disease.

Interstitial Nephritis.

Dr. C. L. Dutton, of Meridian, in reading this paper, said this was an old subject yet we physicians were continually failing to recognize it, because of its habit of masquerading behind unpretentious symptoms. After mentioning the usual etiological factors, he said the true excitants and irritants that induce the inflammation are undoubtedly of the nature of poisonous purin bases and putrefaction of albumens in the alimentary canal. Owing to the long disturbed functions of the liver, and engorgement of its channels, these toxic albumens are filtered through the liver into the circulation, irritating the heart and arteries, disturbing the functions of tissues, impairing metabolism, and further giving rise to protein derivatives. The symptoms, diagnosis, prognosis, and treatment, were also discussed in detail.

Discussion.

Dr. Brandt thought it advisable to divide the etiological factors into primary and secondary, and emphasized the insidiousness of the disease. A salt-free diet was advised as being less irritating to the diseased kidneys. Decapsulation of the kidney, as suggested by Edebohls, might be tried in extreme cases, but he did not think much of it.

Dr. Dutton laid special emphasis on the importance of examining the urine in all obscure cases with dropsy, asthma, dyspnoea, etc., and the importance of early diagnosis. The small number of granular and epithelial casts found in this condition, as compared with the parenchymatous form, is an important point to remember in diagnosis.

Personal Experience With Hyoscine-Morphine-Cactin Anaesthesia.

Dr. J. M. Taylor, Boise, in reading this paper, claimed only a very limited experience. Abbott's H. M. C. tablets were used in all his cases. In three of four surgical cases he found its use to greatly lessen amount of chloroform required, the pre-operative distress and excitement were prevented, post-operative excitement and restlessness were practically eliminated, and there was very little nausea and no tendency to post-operative hemorrhage. In his obstetrical practice had used half-tablet doses, at intervals of three or four hours, as he thought it indicated, and all patients had become quiet, resting or sleeping between pains, slight lengthening of intervals, seeming improvement of contractions, and no noticeable increase of asphyxia of child, and thinks the benefit to the mother far outweighs the slight possible danger to the child.

Discussion.

Dr. John Boeck had had only limited experience—not sufficient to form a definite opinion. So far he was very well pleased with its use, though he had used the hyoscine and morphine without the cactin.

Dr. Kellogg knew a case where operation was contemplated for obstruction of the larynx, where ether and chloroform were thought to be contraindicated. A single tablet of H. M. C. was given hypodermically, followed by almost immediate death, and in his opinion the tablet caused the fatal result.

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Dr. Stewart had used this tablet in several cases and had felt more or less indifferent toward the combination until he used it in a case of bronchial asthma when one dose relieved the attack and also prevented the nausea which usually follows morphine alone.

Dr. J. H. Bean reported three cases, one amputation and two abortions, with perfect results from the use of H. M. C.

Dr. Niles thought the efficacy of this compound very doubtful, and from the conflicting reports, asked how are we to know where we are at.

Dr. Brandt called attention to a death reported recently in the Journal of the American Medical Association.

Dr. Hinman reported knowledge of three deaths from this anaesthetic, occurring in Davenport, Iowa.

Dr. McDaniel said he had tried it in one case, with unsatisfactory results, though patient did not die.

Dr. Prinzing has used it in a case of inoperable cancer, with relief of pain, but it made patient crazy afterwards.

Dr. F. W. Compton had used H. M. C. in eight obstetrical cases, with three babies showing asphyxia.

Dr. G. E. Shawhan said he thought the ill-effects from H. M. C. were due to an idiosyncrasy on part of patient for one of the drugs.

Dr. Root also spoke of idiosyncrasy to effects of hyoscine which seemed to be increased by addition of morphine, and cited cases in his own practice. He did not approve of giving morphine in confinement and felt sure the child could be killed in this way.

Dr. Haley's limited experience with H. M. C. had taught him that the drug should be used with great caution.

Dr. McCalla, after reading many favorable reports, especially from Europe, had tried H. M. C. in one case of abdominal surgery with very disagreeable symptoms during the anaesthesia, followed by vomiting and other post-operative disturbances. The one experience had frightened him away from further use of the drug.

Dr. Taylor thought the idiosyncrasy was usually due to the hyoscine. In regard to the asphyxia of child, he had found asphyxia in fully fifty per cent of cases where H. M. C. was not used.

Hyperchlorhydria.

Dr. F. H. Brandt, of Boise, the author of this paper, thought this disturbed function of the stomach occurred much oftener than commonly supposed. He referred to many observations and experiments which show that increased acidity may be the result of disturbed functions or morphological change of mucous membrane of stomach on the part of the nervous system, and that it may be due to disturbed motility caused reflexly or otherwise. Distinction must be made between hyperchlorhydria and continuous hypersecretion. Diagnosis is made mainly by demonstrating excess of HCl in several test meals or in the vomitus. Relief of pain after vomiting or ingestion of more food or alkalies are suggestive symptoms. In order to get results in the treatment of hyperchlorhydria, he says, we must remember:

1. The primary factors causing the trouble.

2. That the diagnosis is best and easiest made by chemical means.

3. Try to decrease amount of HCl secreted by (a) diet, giving foods least liable to produce HCl secretion. Thorough mastication is essential. (b) Give alkalies and fats half hour before meals for their retarding effect on HCl secretion.

Antecedent Pathology of Gastric Ulcer

This paper was read by Dr. H. D. Niles, of Salt Lake City, Utah. He

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presented the history of several cases in which the clinical evidence, in his opinion, illustrates how other inflammatory lesions within the peritoneal cavity may be associated with gastric ulcer, probably as a causative factor. In experiments on dogs he demonstrated to his own satisfaction at least that immobilization of any part of the stomach wall, detracts from the natural powers of the stomach to protect itself from corroding and digesting action of the normal gastric juice. Influenced by these experiments he has noted more carefully the conditions found at operation when gastric ulcer has been associated with other intraperitoneal inflammations with omental adhesions. After reporting a number of cases bearing out the points demonstrated experimentally, he makes the following conclusions:

1st. We are justified in discarding the old idea that any blood dyscrasia is the usual exciting cause of gastric ulcer; and may reasonably assume that ulcer here as elsewhere in the body must generally depend upon local conditions.

2nd. That certain known and probably some unknown morbid changes in the gastric juice, may render it a chemical irritant capable of producing ulceration of the normal mucosa.

3rd. That gastric juice possessing only normal physiological digestive powers, may produce ulcers when the resisting powers of the mucosa are lowered below normal from any one of several local causes.

4th. That among these several local causes are emboli, angulation, and immobilization or fixation of portions of the stomach walls.

5th. With our present knowledge of the frequency of inflammatory lesions near the stomach or connected to it by the omentum or bands of adhesions, we cannot consistently exclude these lesions as exciting causes of gastric ulcer.

6th. If the above reasoning is sound, we have good grounds for withdrawing a part of the attention we have in the past devoted to the correcting of any blood dyscrasia, imaginary or real, and in our treatment of gastric ulcer, strive to comprehend and if possible correct the local condition, or antecedent pathology, that may be the active potent factor in producing the ulcer.

Discussion.

Dr. Springer reported a case similar to those mentioned by the author, in which obstinate vomiting was caused by adhesions of omentum to pelvic organs. Freeing adhesions relieved the vomiting, but he did not examine the stomach for ulcer.

Dr. Hinman reported two cases, one complaining of infrequent pains, nausea and vomiting, with diagnosis of gastric ulcer. Operation was done and microscopical examination showed atypica l growth of basement membrane with areas of epithelial cells beneath basement membrane, undoubtedly a carcinoma engrafted on base of an ulcer. The second case was diagnosed carcinoma of stomach, but never vomited blood. Gastroenterostomy done without relief. Second operation eleven months later, pylorectomy, and microscope showed same condition as found in first case.

Dr. Bloodgood said Dr. Brandt's paper illustrated very well indeed the present status of our knowledge and early treatment of these gastric lesions. The physician should devote more time to the study of the chemistry of gastric ulcer and other lesions of the stomach. The medical treatment is by no means a simple affair. The etiological points advanced by Dr. Niles are very interesting, and experience leaves no question as to the relation of adhe-

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sions to gastric ulcer, the immobilization probably causing some change in the secretion of the part affected. In all operative procedures in these cases the abdominal cavity should be carefully searched for any etiological factors outside of the stomach.

The indurated ulcer brings to us a different and far more difficult problem as to proper treatment. It may disappear, but we are not sure as to its malignancy, and a differential diagnosis at time of operation is impossible in many cases. If it is cancer, it should be removed by pylorectomy, if patient's condition will permit it.

Dr. Hektoen called attention to the influence of micro-organisms in the causing of gastric ulcer. Turck has produced ulcers in dogs by feeding them large quantities of colon bacilli. Said he had seen these experiments carried out and had seen the ulcers and results of the experiments, so it is possible that bacteria exert an equal influence with change in secretion, in causing ulcer.

Dr. McDaniel reported a case in which the pylorus looked malignant and a pylorectomy was done, but on examination of specimen showed only multiple ulcer.

Dr. G. E. Hyde was particularly interested in the medical treatment of stomach lesions. In Dr. Niles' cases he thought the ulcers due to reflex secretory disturbances.

Dr. Root considered malnutrition a very active cause of ulcer. Sclerotic girls, men exhausted from excesses and indoor life, brainworkers, were the usual victims of this disease. Malposition caused by adhesions may cause ulcer by rendering stomach inactive, but he thinks appendicitis and pus tubes can hardly have a causative effect.

Dr. Brandt said he could not agree with Dr. Niles in the statement that blood dyscrasia does not produce ulcer. He had seen ulcer produced experimentally and thinks ulcers depend entirely on a local or general dyscrasia.

Dr. Calla thought the experiments of Turck were very germain to the subject, as bacteria can easily go through pylorus into the stomach, and where adhesions occur the bacteria can more easily invade the mucosa and cause ulcer.

Dr. Niles said our knowledge of the subject was still in an experimental stage; there were a number of things to learn yet, and he believed that his cases had shown at least cause of gastric ulcer. The treatment of malignant conditions in this region is going to receive more attention in the future. Many cases look to be malignant which get well—hence, they are not malignant, and on the other hand many cases are supposed to have a benign trouble which proves to be malignant. This whole subject will have to be more thoroughly threshed out before we can be at all certain of our ground.

The President announced the following Committee on Nominations to present nominees for election to the various offices to be filled at this meeting: Dr. John M. Taylor, of Boise; Dr. J. H. Bean, of Pocatello, and Dr. C. B. Allen, of Parma. This committee was instructed to make its report at this afternoon session.

Adjournment was then taken to 1:30 P. M.

Afternoon Session.

The Early Symptoms and Diagnosis of Pulmonary Tuberculosis.

Dr. E. A. Pierce, of Portland, said, in part, that he was confident that the first stage of tuberculosis of the lungs may be demonstrated before bacilli appear in the sputum. Bacilli are, in general, first found in the

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sputum when foci soften and invade a bronchus, thus becoming an open process. Great confusion has been caused by some writers who cling to the distinction between non-tuberculous apical catarrh and tuberculous apical catarrh, and the notion of a transition from the one to the other. In studying the symptoms of early tuberculosis he emphasized importance of a complete personal and family history, especially going into details of the personal history and noting every abnormal symptom. The physical signs found early are: unequal expansion, lagging of one apex, uneven dilatation of pupils, red or bluish lines along the gums, red meaning the acute and blue the chronic stage, persistent rapid pulse, increased vocal fremitus and dullness on percussion over apex, roughened and sharpened vesicular breathing, cog-wheel breathing at apex, prolonged expiratory murmur at apex, fine crepitant rales at end of expiration persisting over a given area. Under differential diagnosis he said pneumonia of non-tuberculous nature is almost always confined to the lower lobes, and, further, quoting from Turban, given apical changes, without previous pneumonia, and when inhalation of dust can be excluded, the diagnosis is almost certain. The skillful use of the fluorscope may be of much help, though he made little personal use of it. Iodide of potash, in 3-grain doses for several days, had been found of benefit in producing signs of local catarrh over suspected areas.

What Should Be the Attitude of the Physician Toward the Tubercular Patient.

Dr. F. M. Pottenger, of Monrovia, Cal., read this paper. He spoke of the progress made in treatment of this disease, and of the difficulties in educating the people and medical profession into the belief that tuberculosis is curable and preventable. In the light of our present-day knowledge, the tubercular patient has a right to hope for and demand a cure, because the disease is curable; and that his offspring and those of his friends who associaate with him will not be affected, because the disease is preventable. Tuberculosis yields to rational treatment if applied early. In sanatoria 65 to 95 per cent of incipient cases are restored to health. Not necessary that all physicians be able to treat all diseases with skill, but it is necessary that they be good diagnosticians and recognize disease early and then know what can be done by proper treatment. Tuberculosis will disappear from the homes of civilization, if the profession will recognize the communicability of the disease, and understand that the infectious agents are in the sputum and other discharges from tuberculous ulcers, and if these are destroyed the disease cannot spread. Co-operation on the part of medical profession with health boards and an intelligent public could soon eliminate infection from existing cases. Favored notification, for purpose of instructing patient and cleansing premises after removal. Thinks profession does not appreciate full meaning of early diagnosis and immediate, energetic, intelligent treatment. Should never evade telling the patient his true condition as soon as determined. Symptoms of great importance in diagnosing early tuberculosis are, lagging of one apex, a general run-down condition, repeated or long-continued colds, slight, continuous rise of temperature and pulse, may or may not have slight cough, spitting of blood (pathognomonic), and frequent pleurisy pains.

Methods of Dissemination of Tuberculosis.

Dr. W. D. Springer, Boise, read this

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paper, in which he reviewed the literature quite thoroughly, and mentioned the various known sources through which the human subject becomes infected.

Discussion of Papers by Drs. Pierce, Pottenger and Springer.

Dr. Kellogg said he was acquainted with the work of both Pierce and Pottenger, having sent patients to both men. Though the climatic conditions are very different, they each get most excellent results. He also emphasized importance of early diagnosis. There seems to be a hesitancy on the part of doctors to diagnose this disease. In view of the great and universal prevalence of this disease, we should be constantly on the lookout for it, and it should not be overlooked. Pleurisy with effusion is practically always tubercular. The condition diagnosed so often as intercostal neuralgia is nearly always a pleurisy pain, and should arouse our suspicions at once, especially if there is a coexisting run-down condition. Don't be surprised to find the disease nor afraid to tell the patient.

Dr. Hektoen said he wished to add blastomycosis as a condition which might cause confusion in diagnosis, especially the pulmonary form of blastomycosis. He has seen tuberculosis develop on top of a blastomycosis. Most of these cases so far have been seen in or near Chicago, and it seems to be a new condition and spreading.

Dr. Prinzing said the work of men like these here today was being appreciated by the general practitioner. He was frequently asked as to infectiousness of tuberculosis, and requested to fumigate and clean up after a death. The people are learning of the good that is being done. In his experience, however, he had learned that a man living out doors previously, who gets tuberculosis, is all in, while the man living inside has good chances for recovery. He thought the treatment by the general practitioner was practically nil. They do not have the time and patience to tell and show these patients how to live. We must if possible make the eaerly diagnosis, and then send them to someone competent to treat them.

Dr. E. Van Note thought the statement of Dr. Pottenger that 75 per cent of post mortems showed either a latent or cured tuberculosis should lead us to be more on the lookout for this disease. He called attention to what he called lazy breathing on forced respiration, though normal when breathing regularly, as a possible early sign of tuberculosis, and when this symptom exists he advises them to get out doors. He also spoke of a method of auscultation during forced respiration as showing increased breath sounds over infected areas.

Dr. Hamilton spoke of the necessity of informing the patient of his exact condition that he might have proper early treatment, but he thought much harm could be done if this "telling" was done in a heartless manner.

Dr. Pierce, in closing, said he considered the lagging apex as a most important symptom, and was glad to note that others discussing the subject were of the same opinion. He fully agreed with Dr. Pottenger that frequent and repeated colds are quite often incipient tuberculosis, and we should always inquire for a history of colds, as they are a dangerous and suspicious symptom. He believed that pleurisy is tuberculous, and where it exists he would not dare tell the patient that he was not tuberculous. The suggestion by Dr. Pottenger in regard to digesting the sputum with papoid or pancreatin and soda before sedimenting and examining,

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was an excellent one and he proposed using it. He thought Dr. Kellogg should be complimented for the work he has done in Washington, especially for organizing the Association for the Prevention of Tuberculosis. Said he had been commissioned by the Oregon State Board of Health to organize a similar society in Oregon. The feather duster and the broom are most dangerous methods of dissemination. The lazy respiration is a point of great importance, and the Van Note method of auscultation also.

Dr. Kellogg said he had used tuberculin for diagnostic purposes in dosage of from 1-10 to 5 milligrams, in 70 cases, with no bad results. He thought there was no question as to its specific value. Over 400 injections were recently reported from Johns Hopkins Hospital, and Dr. Rotch, of Boston, and Dr. Trudeau, have also used it extensively.

Dr. Haley asked what per cent of cases were acquired and what inherited.

Dr. Pottenger said we could discard heredity entirely as a causative factor, for the disease is not inherited at all. He insisted on the physician making an early diagnosis, and that he does not discourage the patient. Fifty per cent of the cases treated show arrestment of the disease and quite a large per cent are cured. He considered a case cured if after two years there were no symptoms or signs of existing disease. Early diagnosis can and ought to be made without use of tuberculin, but don't look for too many symptoms. We may carry a latent tuberculosis for years, and then have it light up. He had no use for a stethescope that magnified sounds. In regard to rales, said we ought to make diagnosis without finding them, but before deciding that they are not present try deep breathing and cough to bring them out. Said he had used tuberculin some 150,000 times and had never seen a latent disease lightened up, so such an occurrence must be very unusual. He spoke of a new method of giving tuberculin to children by rubbing two or three drops of mixture composed of crude tuberculin 2 parts, NaCl 2 parts and 5 per cent carbolic acid solution 1 part. In regard to dosage, it is not necessary, in giving tuberculin, to rely on the fever, but a grippy condition or a sensation of malaise is just as suggestive. Always look at point of infection for the reaction. He begins with 1-10 mg, then waits 3 days and gives a larger dose; the preliminary small dose seems to exaggerate effect of second dose.

Tuberculosis is primarily a glandular disease and affects the lymph glands and channels. The time is coming when we will treat tuberculosis before it exists or the lungs are infected. Universal immunization will probably come in time. Most patients are infected in closed rooms, it rarely occurs out of doors. Our greatest danger is from a patient in the home without ventilation. Sunlight and fresh air will kill the tubercle bacilli. It is a well known fact that it is more difficult to cure a man who has always been out of doors, therefore there is more than fresh air in the treatment. We must add inoculations of tuberculin and raise their resisting power.

Brief Case Reports, With Exhibition of Very Interesting Specimens.

Dr. E. B. McDaniel, Baker City, Ore., reported two cases of unusual interest because of their rarity, and exhibited specimen taken from each case. One showed a very marked juvenile or atrophied appendix, while the other case showed a very large cystic appendix.

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Discussion.

Dr. Hektoen said there were not many cases of cystic appendix reported in the literature, probably something over 40. He thought the usual cause of this condition was a constriction of the appendix near its base.

Dr. Bloodgood thought these cases illustrated types of congenital deformities of the appendix. They are very unusual things and seldom seen in surgery.

Dr. Van Note remembered seeing a case years ago in which the appendix was 13 inches long.

Dr. McCalla thought these specimens might be taken as showing the evolution that has possibly taken place in the appendix.

Pertaining to the Prostate Operation.

Dr. E. F. Root, of Salt Lake City, read this paper. He said he had only one point to make, that the operation as done today is modern and a fad that is carried to the extreme; and that cases are operated upon regardless of pathology, etiology and prognosis entirely too often. He claimed the prostate was no exception to the general immutable law governing the animal economy. It is rudimentary at birth, springs into active life at puberty, fulfills its mission as an essential part of the sexual life, and retrogrades and becomes sclerosed as old age creeps on. He claimed it was natural to expect at the end of a long life, not only impaired function of the gland itself, but an interference to some extent with the functions of other organs more or less dependent upon it. In simple hypertrophy he advocates emptying the bladder with the catheter when necessary, in all but extreme cases, and protested that the old man should wear his prostate and care for it until it was a menace to life itself. He urged that no operation be attempted that is not intended to save life, and that no extirpation should be undertaken by anyone who has not had sufficient surgical experience to do the operation deftly and with as little traumatism as possible.

Discussion.

Opened by Dr. Peterkin, who said he found very little in this paper to approve of. The etiology of enlarged prostate is still in a stage of study; we do not know yet what does cause it. When the prostate is enlarged we have a back pressure and residual urine, and when we have this condition there is nearly always infection of the bladder. Operation is required for relief of infection, otherwise the infection will travel upwards to the kidneys. The route of operation is immaterial and depends on the operator, though perineal route is one of choice, as it gives better drainage. Four years is the average catheter life of the prostate patient; operation will give him a longer life. Of course the operator must be sure of his technic. He always employed cystoscope in making diagnosis and thought it a mistake to depend on the sound or finger alone.

Dr. Bloodgood discussed the history of prostatectomy from its early use to the present time. Said he would sure favor operation in preference to catheter life, and preferred the perineal route. The results of operation have been splendid. He thought the cystoscope should be made use of in making diagnosis; he had never used the sound for this purpose.

Dr. Root said he intended his paper as a simple protest against indiscriminate removal of the prostate, and cited a case where great injury was done to the patient. He thought operation should be done only to save life, and not just for the relief of a symptom, and that the indications of

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each case should govern our surgical methods and the route selected.

Measurement of the Coagulation Time of the Blood and its Application.

Dr. Frank Hinman, of Spokane, Wash., made an interesting address on this subject, covering the results of special work done by him at Johns Hopkins Hospital. He described the various methods and apparatus used for measuring the coagulation time. His experience had shown that in jaundice, typhoid fever, and hemophilia the coagulation time was more or less markedly increased. He had also found that calcium therapy gave us a means of decreasing the coagulation time, the lactate of calcium being the most efficacious salt to use. This drug given by mouth in the form of a syrup, or by rectum or infusion in salt solution, 10 grains every three hours, gave best results. The chloride of calcium was less effective, and the citrate often increased the time. He also found that the effects of lime salts will wear off after a time, and some claim that it may even after long use have a tendency to increase coagulation time.

Discussion.

Dr. Brandt said he had used some of these methods in his hospital experience, but his experience had not been sufficient to enable him to form any definite opinion as to its value.

Dr. Bloodgood said it had been found that hemorrhage was greater and more difficult to control in cases of jaundice from malignant disease than in jaundice due to stone, unless the obstruction has existed six months or more. Calcium lactate should not be given indiscriminately by set rule, but watch the coagulation time and operate when it is the lowest. Milk given by rectum seems to increase the coagulation time.

Dr. McCalla said he had found it to be an almost universal practice in Europe to study the coagulation time of patients before operation, and, when indicated, precede operation with a course of lime or gelatin to shorten the coagulation time.

Diptheria and Membranous Croup.

This paper by Dr. J. J. Hamilton, of Caldwell, was, by his own request, read by title, and referred to the committee on publication.

The Committee on Nominations presented the following list of nominees for the various elective offices:

For President, Dr. E. W. Kleinman, of Hailey.

For Vice-President, Dr. J. C. Woodward, of Payette.

For Secretary-Treasurer, Dr. Ed. E. Maxey, of Boise.

For Chairman Committee on Arrangements, Dr. W. B. Lyman, Boise.

For Chairman Committee on Legislation, Dr. Hugh France, Wardner.

Fair Chairman Committee on Public Health and Medical Charities, Dr. J. L. Stewart, Boise.

For Chairman Committee on Nominations, Dr. R. L. Nourse, Boise.

For next meeting place, Boise.

For election to honorary membership: Dr. Ludvig Hektoen, of Chicago; Dr. J. C. Bloodgood, of Baltimore, and Dr. H. D. Niles, of Salt Lake City.

(Signed) J. M. TAYLOR,
J. H. BEAN,
C. B. ALLEN.

On motion by Dr. Hyde, properly seconded and carried, the report of the Committee on Nominations was accepted, the Constitution and By-Laws suspended, and the nominees named were elected to fill the offices designated.

On motion, the Secretary was authorized to name the delegate and

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his alternate to the American Medical Association, it being understood that he will endeavor to name some one who expects to attend.

On motion, a hearty vote of thanks and appreciation was extended to our visitors for their presence and active part in the program; to the officers for their untiring labors for the success of this meeting, and to the Boise Commercial Club and the physicians of Boise for the courtesies extended to the Association during this meeting.

Association adjourned to 7:30 P. M.

Evening Session.

Dry Tracts and Facts in Neurology.

Dr. Edwin Van Note, of Boise, gave the Association a short illustrated talk on the commoner anatomical and physiological phases of the nervous system, which proved to be both interesting and instructive.

Post-Graduate Work at Home and Abroad, With Special Reference to Work of the Specialist.

Dr. R. L. Nourse, of Boise, the author of this paper, reviewed in a very interesting manner, his recent experiences in preparing himself for special work in diseases of the eye, ear, nose, and throat. He spent four months visiting the clinics in New York City and Philadelphia in this country, and then sailed for Europe ,stopping three months in Berlin, six months at Vienna, four months in London, and for shorter periods at Freiburg, Zurich, Munich, Paris, etc. His detailed description of the men and their work at each place visited, and the facilities and special advantages of the various clinics and special courses, makes his paper of special interest and practical value to anyone contemplating a trip abroad for study along the same lines followed by him.

Relation Between Diagnosis and Treatment of Tumors.

This second address by Dr. Bloodgood was of even more interest than the first. He spoke of the value of studying pathology on the living subject and the advantage the surgeon thus possesses over the pathologist. The surgeon's dealings are more vital for he deals with life, while the pathologist has to do with the dead only. The day will soon be past when the surgeon will depend on the report from the laboratory before diagnosing a malignant condition. The surgeon must learn the naked-eye appearance of malignant growths so that he can recognize these tumors with the unaided eye, he often cannot wait for the microscopical findings. For example, take disease of a bone. Here the diagnosis must be made when the diseased tissues are exposed by the knife. We must be able to say what changes have taken place in the bone. Frozen sections prepared and examined quickly while patient is still on the table, are not always reliable. To get reliable information from a section, it must be carefully hardened over night, and studied thoroughly. For this reason an ability to recognize the character of a lesion on exposure by the knife is extremely practical.

Ninety cases of cancer of the breast can be diagnosed in this way in time to make a complete removal and cure. This can be done with all surgical diseases. Of course diagnosis can often be made by examination, with the various means at our disposal, and then we should study sections of the tumor to prepare us for the one case in nine which is malignant and needs deep removal. It is gratifying to note that the public is being educated to the needs of

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recognizing the nature of these tumors, and it is now easier to get a patient to submit to necessary surgical treatment. It is time for the public to know that cancer is a local disease at first, and curable. The public look to the surgeon to tell them of their danger, and every surgeon of today must be his own pathologist and make his own diagnosis.

He has recently studied all the tumors of the breast removed during the last 15 years at Johns Hopkins Hospital. There were 1200 cases of cancer of the breast—most of them operated on three or more years ago—and it is unfortunate and pathetic to learn that in all cancers of the breast where removal of the breast was done without dissecting out the glands, all are now dead. On the other hand, where complete removal of the breast and glands was done there were 90 per cent of cures. We are justified in making an exploratory incision in all these suspicious cases, for the purposes of diagnosis, even though there may be a little danger to the patient, for the danger is far less than to delay too long in making your diagnosis. It is the duty of the profession to educate the people in regard to tumors. They should be taught that cancer is curable, and that simple tumors may become malignant and produce death, and should be removed while simple; and they should be taught that the pigmented mole may develop into a sarcoma of most malignant and incurable type.

Work, Worry and Disposition as a Cause of Disease.

This paper, by Dr. R. L. Gillespie, of Portland, treats of the double aspect of life—the healthy and the diseased—as seen by the psychologist. The restless pursuit of wealth and social position, the anxiety and hurry, the emotional strain and intellectual overwork, the unhygienic modes of living, excesses in excitement and excitants, together with disease, tend to fix on modern civilized man and woman an important mental state that is near the border line. He said our end in life should be happiness, to worry is to miss the purpose of our living. Worry begets fear, and these two condemn many to real or imaginary disease. Worry is a disease peculiar to civilized man; its consequences are sleeplessness, alcoholism, drug addiction, hysteria, insanity, and suicide. However, all worry is not morbid. A judicious worry under some circumstances is normal, natural and right, and we should distinguish between normal and morbid worry. Healthy brain activity is essential to life, and justifies the aphorism, that it is not work but worry that kills.

No further business appearing, the Association adjourned at 10 P. M. to enjoy the smoker and entertainment tendered by the Boise Commercial Club and local physicians.

OBITUARY.

The death is announced, at Los Angeles, of Dr. James E. Kirkpatrick, at the age of 82 years, who was for a number of years a practicing physician in this state. He was born in Tennessee, and in 1877 settled in Scio, this state, where he practiced six years. He moved to Dallas in 1883. He retired from practice in 1898, and went to Los Angeles, where he has lived up to the time of his death. He leaves a widow and several grown up children.

Care must be taken in resecting the last true rib not to open the pleural cavity; for not only does this produce a pneumothorax, but an extensive subcutaneous empyhysema may also result.—American Journal of Surgery.

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Book Reviews

Obstetrics. A Text-Book for the Use of Students and Practitioners. By J. Whitridge Williams, M.D., Professor of Obstetrics at Johns Hopkins University; second edition, with 16 plates and 66 illustrations in the text. New York and London: D. Appleton & Co. 1908.

The author has sought, as briefly as is consistent with thoroughness, to set forth the scientific basis for, and the practical application of, the obstetrical art. Especial attention is devoted to the normal and pathological anatomy of the generative tract. At the same time he has endeavored to present the more practical aspects of obstetrics in such a manner as to be of direct service to the obstetrician at the bedside. The work is finely illustrated, especial attention having been paid to accuracy and practical teaching qualities. Many of the illustrations have been drawn from the author's specimens under his direct personal supervision, and are accurate reproductions of the originals. In the new edition the chapters upon the Development of the Ovum and the Toxemias of Pregnancy have been entirely rewritten, and sections have been added upon the Metabolism of Normal Pregnancy, Vaginal Caesarean Section, Pubiotomy and Contractions of the Pelvic Outlet. At the same time the book has been thoroughly revised, and minor changes and additions have been made in every chapter. Many of the illustrations have been replaced and a number of new ones added. It is a valuable addition to the literature of the subject.

A Text-Book of Practical Gynecology. For Practitioners and Students. By D. Tod Gilliam, M. D., Emeritus Professor of Gynecology in Starling-Ohio Medical College, and Sometime Professor of Gynecology, Starling Medical College; Gynecologist to St. Anthony and St. Francis Hospitals; Consulting Gynecologist to Park View Sanitarium, Columbus, Ohio; Fellow of the American Association of Obstetricians and Gynecologists; Member of the American Medical Association, of the Ninth International Medical Congress, etc. Second, revised edition. Illustrated with 350 engravings, a colored frontispiece, and 13 full-page, half-tone plates. 642 Royal Octavo Pages. Extra cloth, $4.50, net; half-morocco, gilt-top, $6.00 net. Sold only by subscription. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This very practical work received a cordial reception in its first edition, and the author is to be congratulated upon the demand for a second edition. Some little new matter has been added, but not enough to materially increase the bulk of the work. Some portions of the text of the first edition have ben eliminated to make room for newer matter. There has also been a change made in some of the illustrations, and innovations in technic have been given due attention. Conspicuous among these innovations in technic is the operation of Goffe for extensive cystocele, and that of Watkins for post-climacteric prolapse of the uterus. A number of new half-tone plates have been added to the illustrations, besides some cuts which have been substituted for others less desirable. A regional index of symptoms has been appended to the body of the work.

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Heart Disease and Blood Pressure. A practical consideration of Theory and Treatment. By Louis Faugeres Bishop, A. M., M. D. Second edition. New York: E. B. Treat & Co. 1907.

Four years ago the first edition of this work appeared, the author having specialized on diseases in which the circulation of the patient had become involved. Circulatory disease, as represented in statistics of diseases of the heart and the kidneys, is relatively more frequent than formerly, due partly to the strain of modern life. The victims of circulatory disease often go for months and years without intelligent treatment because no one has pointed out to them the danger signals and signboards which point to the destruction to which they are tending. These facts afford reason enough for the publication of such a work as this. Additional light on the subject has been secured by the author for his second edition, and it will be welcomed by the practitioner.

The Youth's Companion in 1908.

The Youth's Companion announces among the attractions of its 52 issues in 1908:

Two hundred and fifty good stories, stories of character, adventure and heroism by writers whose name is now growing, and those now famous who won their first spurs in The Companion's columns.

Three hundred and fifty articles—Reminiscences, sketches, contributions to knowledge by men and women who have made their mark as statesmen, musicians, travelers, soldiers, philanthropists, physicians, lawyers, etc.

One thousand up-to-date notes on current events, discoveries and inventions in natural history, astronomy, physics and manufactures.

Two thousand one-minute stories, including anecdotes, miscellany, humorous and character sketches. The Weekly Health Article, the Children's Page, Timely Editorials.

A full announcement of the new volume will be sent with sample copies of the paper to any address on request. The new subscriber for 1908 who sends $1.75 for the new volume at once will receive free all the remaining issues for 1907, including the Double Holiday Numbers; also The Companion's Four-Leaf Hanging Calendar for 1908 in full color.

THE YOUTH'S COMPANION,
144 Berkeley St., Boston, Mass.

The people, if any there are, who imagine that war between the United States and Japan, if any such catastrophe were possible, would be a simple matter for the United States should give thoughtful consideration to the presentation of "The Conditions of a Japanese-American War," by an English naval expert, which The Living Age for October 12 reprints from The Contemporary Review. From the comparison of naval strength in relation to bases of operation, which is made in this article, it is clear that such a war would be a very serious matter, the issues of which could not with certainty be predicted.

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Extracts

Habit Cure.

John Warren Achorn discusses this important question in the Boston Medical and Surgical Journal. He points out that people who are mentally and physical miserable, but suffering from no organic or infectious disease, often know why they are miserable, but they seldom make an unaided attempt at a cure—such is the hold habit has upon them; and they do not voluntarily confess the fault or the cause, either to themselves or another, unless invited to do so, as at a confessional.

The first essential to the cure of any habit is a willing mind. Will any one admit that he hasn't character enough developed, in the course of a lifetime, perhaps, to conquer a habit, if it detracts from his usefulness, his happiness, or the comfort of those with whom he lives? If the habit is mental, a "rowdy in the attic of the brain," the mind of the sufferer is to be turned up; or if the habit is one of indigestion due to beans eaten at bedtime by a man over seventy, the mind of the victim must be turned down. The habits of childhood are all abandoned, as the years go by, such as playing tag, sliding knee-fashion on a sled, one and all except the habit of eating. Candy eating, for instance, properly goes with quick digestion and the activities of childhood; it is often persisted in to old age, greatly to the physical detriment of the individual who declines to relinquish the habit.

The food that digests well at twenty is not necessarily the food that fits best at sixty, and yet who interests himself to find this out? Food, like everything else, should be changed or modified with advancing years, to meet the physical needs incident to lessening activities, both physical and mental. We eat, or should eat, only what is required to keep the blood pure and bright, for the blood goes everywhere and nourishes all the tissues.

When food is properly eaten, less is required and the stored-up nervous force is not wasted getting rid of it. The system relieved of this burden of excessive food saves an amount of energy equal possibly to that used by the brain in its daily round of work, while the increased amount of mental vigor that follows the use of food up to what is physiologically required, but not beyond it, is sufficient proof of the nervous force otherwise dissipated in this way. Proof of this is within the reach of every one who cares to demonstrate it. The extra strain imposed upon the human machine, from over-indulgence, must wear it out years ahead of its time. The assimilation of too much food renders the blood current impure; these impurities clog the connective tissues everywhere and cause many of those chronic disorders from which people of mature years suffer. The better assimilation of properly masticated food, which is the first essential, in just the amount required, maintains the blood in its purity at its highest nutritional standard. Lust for food satisfies the baser instincts only. It stimulates sensuality, the inferior passions and desires, and robs man of his spirituality. Animal force in a fight or oratory may win the applause of the multitude, but never the hearts of the people. A mind "crowned" with over-eating may capture a city but not the man at the head of the procession.

If spirituality is one of the things needed in this world to offset its "splendid materialism," food properly

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eaten, thoroughly dissolved by the teeth and tongue before it is swallowed, is one way of gaining some of it. Plain living and high thinking work well under the same yoke. Perhaps the secret of longevity, sought for in fabled springs and patent elixirs, lies hidden in the proper utilization of our every-day foods, in marriage founded upon health as well as sentiment, coupled with moderation in all things.

Turning to the habit above the mind plate, let us discuss worry. Every one knows, or should know, that this is a form of nervousness, a mental condition and not a physical problem. It has no substance in fact and cannot be reached by drugs. The cultivation of a better habit is the only cure, and persistence in the attempt the only safeguard. There is no question but worry greatly impairs the physical well-being; it retards digestion and prevents natural sleep. During sleep is the only time when the nervous system is repaired; food when properly eaten and digested furnishes the material for repair. Yet worry or undue solicitude is classed below fear, which is defined as a painful emotion.

Hypochondria is even more pitiful than worry; it is defined as "belief in a serious disease." The person who wills, wins; the person who tries, presupposes that he is going to fail. The will to do a thing has faith for a companion, while trying to do a thing has failure for a mate. It is good practice never to face a worry. If this worry is represented by some one in anger, turn on the heel and walk away; if it is in the mind, a happy thought, if possible, should be substituted for the ugly one. With practice this can be done. A happy experience, a fascinating story, a sentiment that appeals to the higher intellectual faculties, a short walk, the companionship of some one for a time whose moral courage fosters one's own, these and other resources within the reach of every individual, however, humble, if cultivated, will serve as deliverers from this harpy or "rowdy of the mind," or any of the other habits mentioned, for that matter.

At first breaking away from habit is difficult, because the mind doesn't respond to the feeble cry of the better impulse for recognition, the older habit being the stronger and much more readily started; but in the face of persistent patience the bad habit gradually weakens and finally the better one registers first on the dial of impulse, with sufficient force to maintain the balance of power, when the old habit, like a prairie coyote, slinks out of sight.

The Criminal Responsibility of the Insane.

Morton Prince, Boston (Journal A. M. A., November 16), in his chairman's address before the Section on Nervous and Mental Diseases of the American Medical Association at its recent session, discussed the subject of the criminal responsibility of the insane, pointing out that the law in this matter, as it exists in this country, is still largely the common law. He gives the history of the famous answers of the English judges which still form the basis of the law in this country and Great Britain, analyzes them and shows their incompleteness and defects. When the defense of insanity is set up, the most sensible procedure would be to commit the accused to an asylum, still under the control of the court, for observation. If found insane and there still remained a question as to his responsibility, he would have the full observations of those who have carefully

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followed the case in the asylum submitted to the jury and this should be allowed to determine the question for itself. Or the California plan of statutory exclusion or responsibility in proved insanity could be adopted. In the vast majority of cases, Prince holds, those who are found clinically insane will also be found morally irresponsible.

Study Abroad from a Woman's Viewpoint.

By Florence Sharp Manion, M. D.

The generous attitude of the majority of American medical men toward medical women makes one sensitive to the different atmosphere she sometimes meets abroad. In Germany, especially, is her position trying. There her presence is sometimes felt an impertinence, and she is duly repelled; a mild curiosity gains her scant courtesy, or a supreme indifference lets her grasp what she can from the abundance offered her brother. In the great university of Berlin, where there were 14,000 men and 800 women matriculated last semester, there were two chairs that discriminate against us—the late Geheimrath von Bergman in surgery, and Herman Orth, the pathologist.

It was during my first weeks in Berlin, when my comprehension of the language made me rather astute to things about me (otherwise I should have had warning), that I decided to take up pathology, and found my way to the renowned man. The surprised faces of his assistants who directed me to him made me rather uncomfortable, but not enough to divert me. I at length found my way to the august presence, presented my card and stated my purpose, when I was told in very distinct but blunt English that I could not hear his lectures. It was his privilege and pleasure not to accept women. When I took my gross pathology with Westenhoeffer in the Moabit Krankenhaus, my friend and self were the first women in his classes. He was curious about American women, gave us unusual courtesy with only occasional efforts to shock us with some vulgarity that we never appeared to comprehend. Here is the finest work in pathology to be had in all Europe—the autopsies are done by the class—not before it, as with Stoerch and Ghon of Vienna. I made one autopsy nearly every day of the six weeks I was here and was present at the demonstration of from two to sixteen daily. First Assistant Steckle, of the Bumm clinic, never loses an opportunity to teach woman her place—puts her last in routine, and when, stung by the injustice of it, she steps forward with her privilege as a woman to precede, he uses the first pretext to declare she knows nothing about gynecology, and turns her over to his assistant.

Brown, of Friedrichshain, who gives a very valuable course in operative surgery on the cadaver, is rather indifferent toward his women students. "Let them have what they can pay for, it amuses them and will do no harm," sort of a n air. Nagel thirsts for reputation among the Americans—is very courteous to the women, and gives a very good course in routine gynecologic treatment. The Laudau clinic is very fine, the appointments of his room the most modern and complete of any surgery I know. Women are welcomed here, and I have known of men being asked to make room for them—a very unexpected occurrence.

At the Von Bergman clinic she is tabooed. It is impossible to withstand the hissing and scraping of feet that greet her if she presents

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herself before the beginning. Dr. Moon and myself, being aware of this fact, and yet resolved to see the celebrity, waited until the clinic was well under way and walked in with assumed self-assurance and took seats—we were allowed to remain through the clinic, but were waited on at its close to be informed that His Excellency's clinic was not open to women. And yet the University of Berlin confers the degree of M. D. on women. These men must examine and pass her through their chairs. I presume the successor of the late Von Bergman is more progressive, and makes no such discrimination, and possibly Orth will not care to stand alone in his prejudice.

At Vienna I found the A. M. A. so well organized and forceful that no discrimination would be permitted, and then the latter place has been longer recognized as a medical center and been visited by more women of the profession. All the clinics were open to us, and we felt no opposition.

We were three American medical women working in Berlin last winter, probably two hundred men. In Vienna we were eight. Berlin had many bright, capable-looking Russian and Swiss women studying medicine, but very few German women. It has been but seven years since German women were admitted to the practice of medicine, and but few have availed themselves of the opportunity—though a very capable German girl, Fraulein Dr. Hirsch, is first assistant to Krause, the inner medicine man in Charite.

Prof. Ziehen holds a clinic of nervous and psychic disease each Thursday evening in Charite for the profession of Berlin. I found it sufficiently interesting to attend regularly, the only woman among hundreds of men, whose surprised stare made me feel my conduct was unprecedented, but the broad, manly American shoulders of Dr. Sommers were generally discernible in the Horsaal, giving me a feeling of security.

English women of our profession are not so assured in position as we of America; when I applied to Sir Almroth Wright for instruction in his line he seemed to think it impossible to take one of my sex into his laboratory. He is the greatest man I had the pleasure of meeting on my trip. He courteously invited me to his clinics, and kindly instructed me all through them. I think it was his gallantry that at length prevailed over prejudice, and he called Dr. Ofenheim, one of his capable assistants, to instruct me in the technique of opsonic indices. The days in this laboratory with these busy researchers are among my most profitable and treasured ones. Dr. Matson tells me I am the only woman who has had the privilege of working in Wright's laboratory, which fact enhances their value and delights me that my persistence secured this precedent.

Cytology of Gonorrheal Discharges.

R. W. Taylor, New York City (Journal A. M. A., November 30), describes the cell forms met with: the predominant polymorphoneuclear neutrophile, the occasional eosinophile which never contain gonococci and which may appear according to him at any stage of the disease, and the comparatively infrequent mast cells and other varieties. He notices the degenerative changes and the peculiar segmentations of lobes of the leucocytes, the "ball nucleated" white cells, the phagocytosis which may occur, etc. Although the literature of the subject is rather extensive, he does not see in these findings anything that is valuable as clinical aid or for therapeutic guidance.

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Personal

Oregon.

Dr. H. M. Page has opened an office at Freewater.

Dr. C. H. Atwood has opened an office in Lents.

Dr. W. C. Hawk has moved from Jefferson to Bay City.

Dr. E. W. Barnes has moved from North Powder to Bandon.

Drs. Gale and Bartle, of North Bend, have formed a partnership.

Dr. E. G. Kirby, of Elgin, was a Portland visitor last month.

Dr. Stanley Clements is a new physician at North Powder.

Dr. Wm. Holt, of Eagle Point, was a Medford visitor last month.

Dr. J. P. Walsh, of Halfway, was a visitor in Albany last month.

Dr. W. W. Giesy, of Aurora, spent a short time last month at Salem.

Dr. E. V. Hoover, of Roseburg, was on the sick list part of last month.

Dr. E. V. Hoover, of Roseburg, was on the sick list a few days lately.

Dr. G. L. Biggers, of La Grande, has moved into new and elegant offices.

Dr. Fred W. Whiting, of Elgin, was at La Grande last month on a visit.

Dr. J. F. Fell, of John Day, made a professional call at Canyon last month.

Dr. J. D. Shaw, of Salem, was in Portland last month for a short call.

Dr. J. W. Harris, of Eugene, has been investing in some renting property.

Dr. Everett Mingus, of Marshfield, went to Ashland last month on a visit.

Dr. H. S. Garfield, of Pendleton, went on a successful hunting trip last month.

Dr. J. A. Reuter, of The Dalles, visited his old home at Jacksonville last month.

Dr. Everett Mingus, of Marshfield, visited his mother at Ashland last month.

Dr. J. D. Wetmore, of Coquille, went to San Francisco last month with a patient.

Dr. V. C. Belknap, of Prairie City, assisted in an operation at John Day last month.

Dr. Charles Hines, of Forest Grove, was calling on his Portland friends last month.

Dr. George Wall, of Eugene, was called to see a Cottage Grove patient last month.

Dr. H. E. Clay, of Salem, was married last month at Portland, to Miss Helen Sword.

Dr. A. E. King, of Antelope, attended the wedding of his sister in Portland last month.

Dr. Geo. H. Merryman, of Klamath Falls, had an enjoyable duck hunt early last month.

Dr. W. L. Cameron, of Medford, has had a serious illness, keeping him in bed for six weeks.

Dr. W. W. Kimmell, of Lebanon, has moved his office into more commodious quarters.

Dr. George Wall, of Eugene, was called to see a patient at Cottage Grove last month.

Dr. and Mrs. H. S. Pernot, of Corvallis, were calling on their Portland friends last month.

Dr. O. M. Dodson, of Baker City,

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is proud of the hunting qualities of his pack of hounds.

Dr. J. M. Holt, of Astoria, has returned and resumed his duties in the quarantine department.

Dr. A. P. McLaren, of Rainier, has returned from a two months' visit to his old home in Canada.

Dr. E. R. Seeley, of Medford, had a fine time duck shooting with some friends two days last month.

Dr. and Mrs. C. W. Thomas, of Milton, attended the theater at Walla Walla one night last month.

Dr. L. K. Blakeslee, of Pendleton, was in La Grande last month, having come over the road in an auto.

Dr. Byron E. Miller, of Portland, has returned from his three months' trip in Canada and the eastern states.

Dr. J. E. Shearer, of Roseburg, went into Northern California last month to look after some of his mining interests.

Dr. A. C. Seely, of Roseburg, was a Portland visitor last month, and while here underwent an operation for appendicitis.

Dr. Frank E. Selover and wife, of Eugene, were called to Portland last month, because of the sickness of the Doctor's mother.

Dr. A. A. Witham, of Paisley, has gone to England to visit relatives, and to take a course of lectures. He will remain away over four months.

Dr. Wm. Kuykendall, of Eugene, it is announced in his local paper, proposes hereafter to eschew politics and devote all his time to his profession.

Dr. Walter S. Jones, of Medford, has gone on a trip to eastern states. His office will be attended to during his absence by Dr. J. E. Shearer, formerly of Roseburg.

Dr. F. H. Coffeen, of North Yamhill, was married last month to Miss Emma Gordon, of Forest Grove. The happy couple came to Portland on their wedding trip.

Dr. W. W. Oglesby, of Cottage Grove, was a Eugene visitor last month. On the way over he was fed some native strawberries, which he thought excellent for November.

Dr. E. H. Parker, of Portland, has sold his interest in the new Board of Trade building, the building operations of which were tangled up with the closing of one of the Portland banks.

Dr. John A. Lamberson, of Lebanon, had, last month, a crew of twenty men at work in the mountains securing 100 barrels of fir balsam, for which he has an order from New York city.

Dr. W. F. Trimble, of Albany, after a few months east taking a post-graduate course, has sold out his practice at Albany and located in Portland, his old home, where his many friends are pleased to see him.

Washington.

Dr. Owen T. Stratton is a new physician at Conconully.

Dr. F. A. Bird, of Kelso, was a visitor in Portland last month.

Dr. H. M. Moser, of Centralia, was a Tacoma visitor last month.

Dr. Z. T. Dodson, of Cleveland, was a Bickleton visitor last month.

Dr. Walter Farnham, of Palouse, has moved into a new residence.

Dr. L. B. Harvey, of Colville, has traded a ranch for an automobile.

Dr. Geo. H. Green, of Reardan, was a visitor in Davenport last month.

Dr. R. P. Moore, of Davenport, made a business trip to Spokane last month.

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Dr. H. Blair, of Elma, was called to Satsop to see a patient last month.

Dr. Livingston, of Centralia, made a professional call at Lebam last month.

Dr. Chauncey A. Mead, of Everett, has returned from a trip to California.

Dr. A. J. Macintyre, of Hoquiam, has returned from an extended trip East.

Dr. W. Grewell, of South Bend, has been on the sick list during the past month.

Dr. John H. Dumon, of Centralia, was called to Winlock to see a patient last month.

Dr. A. H. Coe, of Spokane, has been investing some of his surplus cash in business property.

Dr. and Mrs. A. F. Brockman, of Bickleton, were visitors in North Yakima last month.

Dr. R. P. Dempster, of Granger, has just purchased ten acres of orchard, and proposes to cultivate fruit.

Dr. C. G. Fletcher, of North Yakima, has made an extended visit to New Mexico and Southern California.

Dr. E. C. Story and family, of Montesano, spent a few days last month at their ranch on the upper Satsop.

Dr. E. E. Shaw, of Walla Walla, has returned from a visit to Maine, where he was called by the death of an uncle.

Dr. N. G. Blalock delivered an interesting address to the nurses' training school at Walla Walla last month.

Dr. M. B. Grieve, the City Health Officer at Spokane, is angry at four or five old-time medical practitioners who refuse to administer anti-toxin to children afflicted with diphtheria.

Dr. Wm. M. McCoy, of Wenatchee, was a visitor at Leavenworth last month, where he saw several patients.

Dr. J. C. Snyder, of Seattle, had his arm fractured last month by the crank of his auto flying back and striking him.

Dr. John T. Guerin, of Spokane, was visited at his home last month by a fire that did damage to the amount of $1500.

Dr. and Mrs. Wm. C. Cox, of Everett, had a dinner party at their house a few Sundays ago, at which there were twelve guests.

Dr. J. A. Ghent, of Seattle, had a serious attack of blood poisoning last month from a wound received while performing an operation on a patient.

Dr. D. H. Lewis, of Springdale, was almost the victim of a holdup artist one morning last month. Dr. Lewis is a good shot himself, and he fired on his assailant and drove him off.

Idaho.

Dr. Hugh France, of Wardner, is removing to Wallace.

Dr. F. Leo Quigley has moved from Wardner to Wallace.

Dr. J. L. Conant, of Genessee, is spending the winter in California.

Dr. J. J. Hamilton, of Caldwell, paid his brother a visit last month in South Dakota.

Dr. F. S. Hawley is a newcomer at Mountain Home. He is a graduate of Rush Medical College.

Dr. Frank W. Mitchell, of Blackfoot, has removed to Weiser, and entered into partnership with Dr. Numbers.

Dr. O. J. Allen, of Bellevue, has been walking on crutches for a while, due to an accident to one of his ankles.

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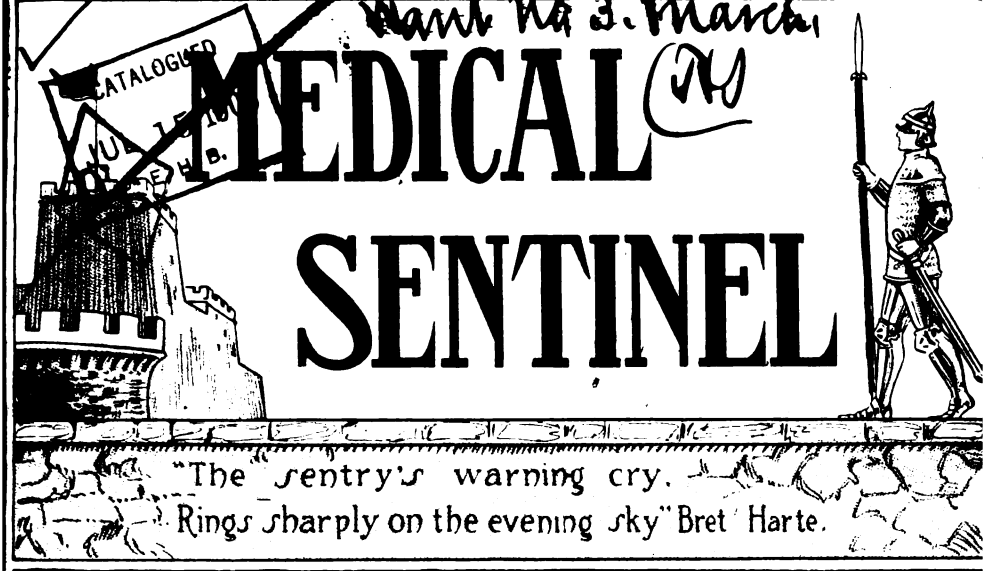

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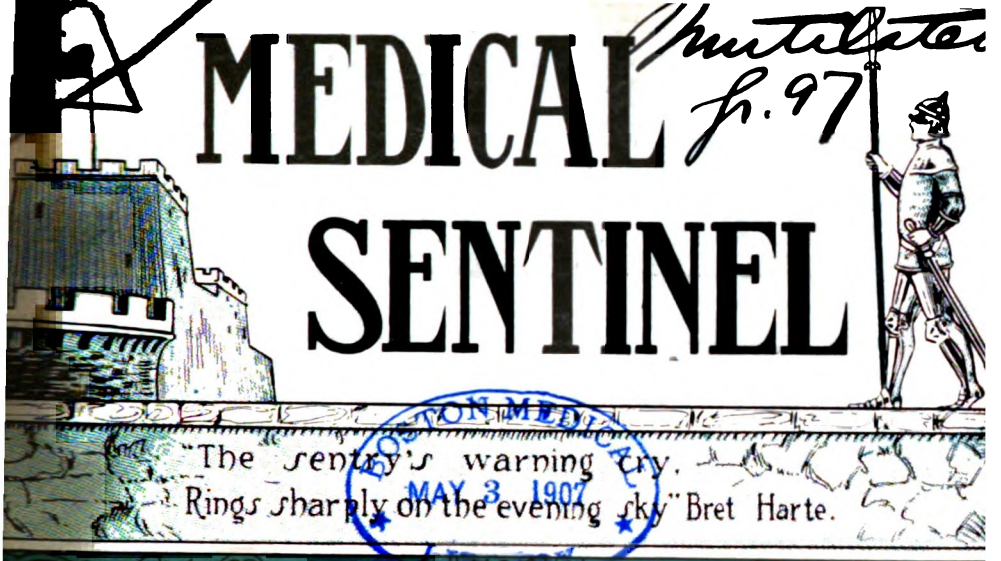

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Digestion is a vital process of the cells

Different kinds of proteids receive quantities of ferment corresponding to differences in ease of digestibility.—Pawlow.

A substance is given off into the blood, which is the cause of the secretion of the pancreatic juice.—Bayliss & Starling.

Gastric and duodenal ulcerations are the result of defective production of anti-enzymes.—Weinland.

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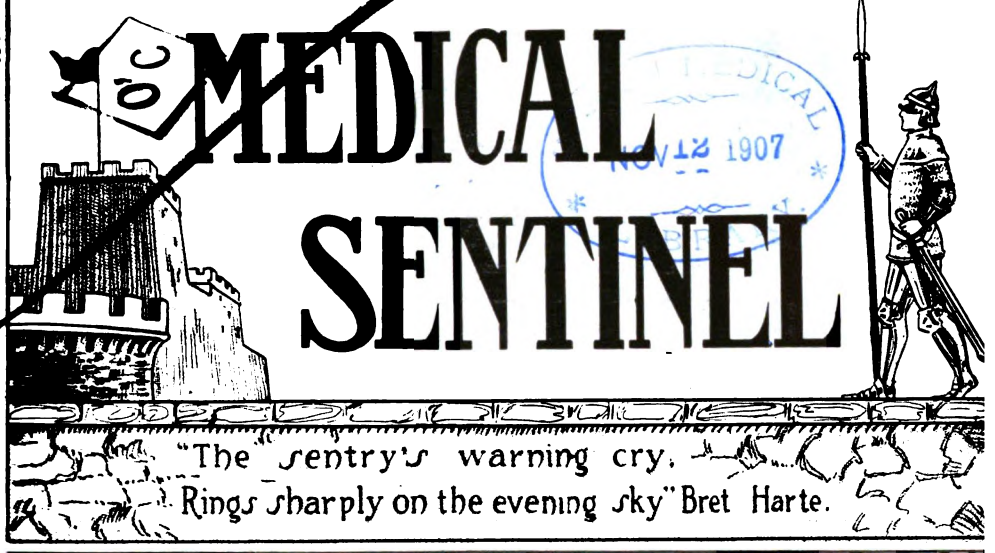

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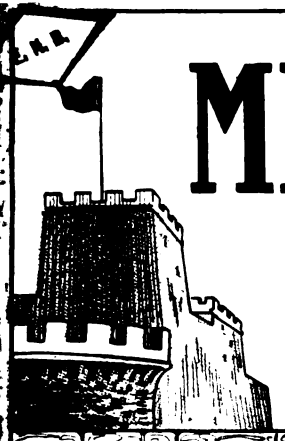

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